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EDITORIAL COMMENT

THE CONFUSION OF EXISTING CONDITIONS

We are living in an age when reforms and criticisms are rife all over the world. It is seen in the keen interest in the affairs of government, both local and national. It is seen in all educational work, higher and lower, technical and professional. Some of the criticism seems to be honest and to be made for the purpose of improving conditions by establishing methods of greater efficiency; a great deal of it, given with a very pious air, is prompted by jealousy or graft.

Parents are criticizing the methods used in the schools; universities and preparatory schools find fault with each other's methods. The members of a profession not only see flaws in the work of another, but groups in the same profession attack each other's intents and purposes. Doubtless much of this ferment is healthful and indicates progress; some of it is harmful and is intended to block progress. The various opinions expressed in regard to any subject brought forward are confusing, even to one who has leisure to read and study, and may prove quite misleading to those who are too busy to read widely enough to gain a broad point of view.

No group of educators and workers has been more subjected to criticism than the teachers and graduates of schools of nursing. Some of it is undoubtedly sincere, much of it suggestive and helpful, but a great deal comes from those who see in the movement for higher education for nurses the cutting off of a means of revenue which threatens to destroy their business. Such criticisms are specially prominent in commercial magazines, and are made by those connected with short-course and correspondence schools and by the proprietors of hos-

pitals who have found in the maintaining of a training school without standards a means of increasing the dividends on their investments, or by ill-trained physicians who fear a competitor in the competent nurse.

THE PHYSICIANS' NATIONAL BOARD OF REGENTS

THIS title designates one of the most confusing of the commercial enterprises which we have commented on before in these pages, and which has been forced on our notice recently by various pamphlets, circulars, etc., which are being distributed.

We find upon investigation that this organization emanates from The Philadelphia School for Nurses, which is very well known, is one of those short-course schools which professes to teach all there is to know about nursing theoretically in the period of a few weeks.

This board has established a national organization which seems to have as its object the maintenance of a national registry for commercial purposes. By the beguiling influence of grandiloquent language it seems to cover its real purpose and forms an inviting trap for the unwary. On the covers of the pamphlet at hand we read in large letters, "The Nurse's Credentials, Authority and Rights to Engage in the Profession of Nursing. Classifications and Listing." In this booklet nurses are divided into four classes, the first registration ranging from ten dollars to six, with a dollar difference, a pin, and another form a little magazine published. These enrolled are to be known as "Commissioned and Official Nurses." A registry for the short-course and correspondence schools of this Physicians' National Board of Regents is harmless enough, but the pity of it is that many properly trained nurses will be unnecessarily attracted by the inducements offered and will pay ten, twelve dollars to this organization only to find when too late that she has identified herself with a money-making enterprise which is seeking to undermine the standards of her chosen calling. The circulars now being very generally distributed throughout the country, and many nurses in isolated places, who have not kept in touch with the progress of nursing affairs, will be misled by the ingenious wording into thinking they are paying a registration fee.

A suggestion which has come to us in connection with this scheme, and which would be good even if this menace had not arisen, is that in each state association there should be established a publicity committee which should have for its purpose the enlightenment of the public in regard to the true motives for state registration, the standards which nurses are working for, and of their efforts for thorough education,—

that of producing more efficient nurses who shall give better service to the sick,—and that they shall cease to be a means of revenue to a group of men whose motive is a commercial one and not the welfare of those they serve.

PRIVATE DUTY PROBLEMS

In a "Letter to the Editor" of November, 1908, Miss Huntington advocated a plan for private duty nurses which she was trying, and in the letter department of this magazine she comments on the way it is working out,—it is that of day duty only for the nurse, in cases where the patient is not in extreme danger.

She stays with her patient all day, concentrating so far as is possible the necessary treatment within those hours, and at night goes home to sleep. She has, of course, the consent and co-operation of the attending physician, who agrees to the plan and allows the patient to sleep undisturbed at night as long as possible. Miss Huntington's argument is that the patient does better for the undisturbed rest, that some member of the family who has had an opportunity to rest during the day can be on hand at night in case any one is needed, and that she herself is in better condition to give the patient her very best care during a long case by having good rest at night. This might seem to the casual reader a plan formed wholly for the comfort of the nurse, but knowing Miss Huntington's reputation for careful, faithful work, we know that in her hands such a method would be carried out with an eye to the patient's good. Whether it could be trusted to the discretion of the average nurse is doubtful. It must be borne in mind that this plan is not advocated in those cases where the illness is critical.

When two nurses are on a case, it is almost always better to let the one who is off duty go home to rest, as it takes her away from the atmosphere of sickness and anxiety and brings her back fresh and rested. When one nurse alone is on duty, it would be difficult to decide when a nurse could be spared at night. Often when all seems to be going smoothly, unexpected complications arise which require better judgment than the untrained watcher would possess, and the patient's life might be in jeopardy while the physician and nurse were being summoned. One of the great comforts of the nurse in the physician is that he may leave the patient in her hands knowing that he is under skilled observation during his absence, that he will be called if needed, and that he will not be called unnecessarily. How often must the nurse soothe the anxieties of the friends over some slight but not alarming change in the patient and insist that the doctor need not be roused.

In many cases the plan might work well, but how can even the doctor and nurse decide when it is safe? The principle is sound, that a rested nurse gives better service than a tired one. It would be interesting to know whether other nurses have tried this plan, and with what success.

Private duty nurses will be interested in last month's announcements by the Associated Alumnæ, with its promise of a special session devoted to their problems.

Our series of articles on obstetrical diet lists is completed in this issue of the JOURNAL, and a letter from a correspondent brings up a new subject for exchange of opinion,—that of the amusement of the sick or convalescent child. We wish every nurse who has succeeded in keeping her child patients happy during convalescence or isolation would write us of her experience, even one suggestion contained in a single paragraph would be helpful to some one else, while short articles on the subject would be welcomed. It is hoped that head nurses may furnish some of the papers, telling what plans are adopted in hospitals and wards for children.

Dr. Potter's articles always bring words of appreciation from our readers, who will be glad to hear that she hopes to follow her paper on "The Hygiene of Menstruation" by one on "The Menopause." Another woman physician, a new contributor to our pages, sends us several articles which will appear from time to time on such practical subjects as "Seasickness," "Insomnia," "How to Prepare an Insane Patient for Operation," etc.

It is hoped that from the obstetrical diet lists many nurses will take suggestions that will be helpful to them, particularly for suppers, which seem always hardest to make attractive. Miss Holmes and Miss Sherman both lay stress on the need of making the diet laxative, and we think many a nurse will want to try for her patient the fruit juice at night treatment.

Miss Sherman's comments on the course pursued when a mother finds it difficult to nurse her baby should, we think, be taken very guardedly. We have no doubt in actual practice she makes as diligent efforts as any of us to increase the waning milk supply. Doctors are emphasizing more than ever the importance of breast feeding; we see this continually in the articles in medical journals and it was made the great point at the Congress on Infant Mortality. Obstetricians who are trying harder than before to educate mothers to an understanding of the importance of nursing their children must have the unfailing co-operation of the nursing profession.

If the milk supply can be kept up during the weeks spent in-doors, the quantity may become ample when the mother gets out for daily walks. These should be short at first, but should be increased with growing strength until at least a mile of such exercise is part of the daily programme. This has a direct and beneficial effect.

Another important point which cannot be too often emphasized is that where artificial feeding must be resorted to for a time, to "piece out," it should never be used in place of the breast feeding but in addition to it. The minute the demand on the breasts lets up, the supply will diminish still more. There should be regular and faithful feeding from both breasts at each nursing period in order to stimulate the glands to do their best, and the artificial feeding should be added only to complete the amount needed to satisfy the baby's hunger. Faithful persistent efforts on the part of the nurse, supplementing the advice of the doctor, will have great influence on the mother's mind, and wonders may be accomplished where conditions seemed most unfavorable.

THE JOURNAL PURCHASE FUND

THE pledges made at Minneapolis are being fulfilled, and news from many points shows that the societies are making plans for a thorough canvass for the individual fifty-cent subscriptions, which would, if adopted by all affiliated societies, result in the raising of the whole amount needed without hardship to any treasury or to any individual.

The appeals made by the local associations are often so good that they are applicable to a larger audience. We present this month two extracts taken from the St. Luke's alumnæ leaflet, Chicago.

The first, written by "E. E.": The National Alumnæ Association now owns in the neighborhood of fifty shares in the AMERICAN JOURNAL OF NURSING. Having gained controlling interest it seems desirable to purchase the JOURNAL outright.

With a membership of 15,000 self-supporting women this should not be a difficult undertaking, nor will it be if the individual members show a personal interest and pride in the matter and a sense of obligation.

At the convention held in Minneapolis last year, it was suggested that the amount could be easily raised if each nurse would contribute 50 cents. The members of our association present started the good work by making the first contribution of $2.50. Now we wish every member of our alumnæ association to follow the example set by our delegates and show their interest in this splendid movement.

Please do not consider it so small an affair that it is not worth

taking the trouble to remit the amount asked for to our secretary. For it is only by the co-operation of the many that this scheme will be successful.

If 50 cents seems too little, more will be accepted. Please do *something* and, "lest we forget," do it now, at once. Money may be sent to our secretary, who also receives subscriptions for the JOURNAL, $2.00 a year. The magazine is devoted to all branches of nursing work and is indispensable to the nurse who wishes to keep abreast with the work of her profession.

Another article in the same leaflet has a bearing, not only on the JOURNAL question, but on problems common to most state associations. By A. E.:

How can we induce nurses to join the state association?

This is one of those questions which is forever and eternally being asked by those who are devoting time and energy to the work of that same state association. To them it seems that this ought not to be a difficult task, but it is. The vast majority of our profession is doing "private duty," and great, noble, and self-sacrificing as is the work of the private duty nurse, it is a narrow groove. It is the private duty nurse who makes the cry for articles on "how to do things," instead of "what is being done in the nursing world," who will tell you she prefers *The Trained Nurse* to THE AMERICAN JOURNAL OF NURSING because it has articles on how to care for a typhoid patient, and how to modify milk; not seeming to grasp that the doctor for whom she is nursing will tell her how to modify the milk and what he wants done for the patient, and that for good useful information on the changes of the times, an up-to-date medical magazine such as *The Journal of the American Medical Association* will help her much more than some individual nurse's ideas on the instructions she has obtained second hand from a doctor who has obtained his from that same journal, and that his instructions have lost some of their vital points, very much as the original whisper has lost its identity in the old-fashioned game of scandal.

This, as a preface, may seem far from the mark, but I hope to prove that it is not. The question with which one is met when she asks "Will you join the state association?" or "Why don't you join the state association?" is generally, "What good will it do me?" an unanswerable question to some, more hopeful to others. What do we get out of anything in this weary world? What we put in of our own selves, our personality, our energy, and our enthusiasm. Those of you who do not read THE AMERICAN JOURNAL OF NURSING perhaps do not

realize the importance of the nursing profession, as a profession, to-day. We have attained to the dignity of a profession through the acknowledgment of that fact by twenty-three different states with the District of Columbia. Nurses, through their training and manifest fitness, are being sought for in all kinds of positions; in social and philanthropic work. The United States Government has recognized the profession at its highest when it demands that the nurses who enter its army and nursing corps shall be *registered* nurses. The cities show the importance of the nursing profession when they put nurses in the public schools; the state in trying to place nurses in the almshouses and hospitals for the insane. The United States Government in the War Department has given us seven nurses on its Red Cross Central Committee on Nursing. Training schools through the country are striving to put their curricula on a level at least with the minimum requirements of the state boards of nurse examiners. The different federations of women's clubs are putting nurses on all their philanthropic committees, and their committees on social hygiene—why? Because nurses are trained workers, trained in just the lines to make all their efforts tell. What has made the medical profession what it is to-day, a power for good in the community, a force for the betterment of conditions throughout the country and even in politics? The organization of the city, state and county medical associations, not to be a member of which stamps a man as either an old fogy or below the mark. What do they get out of it? The wonderful inspiration of organization, of being in touch with the best, of helping, if but with one's name. Just so have all the higher activities of the nursing profession sprung from organization—the alumnæ association, the Associated Alumnæ and, needing something less unwieldy for matters nearer home, the state association. To the state associations we owe registration and the recognition of nursing as a profession. That is something which aims higher than a mere livelihood, to the betterment of the world at large, to a larger and broader outlook for ourselves, to wider reaching interests even though we ourselves continue private duty nurses to the end. Still we are doing all the work of the state and national associations, for we are members. $3.00 a year! Two theatre tickets at $1.50 each, in a year! Who will dare say they cannot afford it?

THE ASSOCIATED ALUMNÆ

Let us remind our associations everywhere that plans should be definitely made as soon as possible for the sending of delegates to New York for the national meetings, and that individual members should be

encouraged to go at their own expense in addition to the official representatives. The more who go, the more life and interest will be added to the home work. There is nothing to compare with meeting others engaged in the same work for the strengthening of purpose, the raising of ideals, and the broadening of outlook. Those societies that seem half dead or asleep, and there are a few such, should make the most strenuous efforts to get as many members to these meetings as possible. We recapitulate the plans given in the official department last month for those who may have forgotten and who need something to refer to.

The Superintendents' Society will hold its meeting on May 16 and 17 in New York City at the Academy of Medicine, 43d Street. On Wednesday afternoon, May 18, the two national associations will meet together at Teachers' College to celebrate the founding of the first training school in London by Florence Nightingale. The Associated Alumnæ will meet in New York City on May 18, 19, and 20. The morning session of the 18th will be at the Park Avenue Hotel, 32d and 33d Streets, which has been selected as headquarters. Those who have never been in New York will be glad to know that this hotel is on the Fourth Avenue car line which passes the Grand Central Station, and is about eight blocks away from it, less than half a mile. The meetings of the 19th and 20th will be held in Mendelssohn Hall, 113 West 40th Street.

There will be an interesting and educational exhibit of occupations for invalids in connection with the convention.

The entertainments will include a harbor trip for the 21st, concluded by tea at the new Bellevue nurses' home, one of the largest and finest in the world as far as we know, with Miss Goodrich as hostess.

Those who can do so should plan to make the convention a part of the summer vacation, staying on in the city after the close of the meetings. We refer those who wish to see the sights of the city without great expense to the articles by Miss Thornton on "What to See in New York," which appeared in the JOURNAL for January and February of this year.

Where large companies of nurses are travelling together, they should try to get some reduction in rates. On some roads special rates may be had by parties of ten.

THE NEW COURSE AT TEACHERS' COLLEGE

A RECENTLY-ISSUED bulletin of Teachers' College gives the first definite outline for work in the new course made possible by Mrs. Helen Hartley Jenkins's gift. The old department of Hospital

Economics becomes the Department of Nursing and Health and comprises four courses: (1) teaching and supervision in training schools for nurses; (2) general administration in training schools and hospitals; (3) public service as teacher-nurses, visiting nurses, and board of health assistants; (4) admission to training schools for nurses (preparatory course). The new name is, we think, an improvement on the old one, for it carries with it an idea of the work done and needs no explanation to the uninitiated.

The third course, that of public service, offers one year's work of study and lectures to two classes of applicants, graduates of training schools for nurses, and college students who have had two years' work in biology and chemistry, and who wish to specialize in health protection. The course of study includes such subjects as psychology, personal hygiene and sanitation, bacteriology, food economics, house fitting and sanitation, public sanitation, present health problems and preventive work, principles and procedures in district nursing, organization and administration of nursing associations and nurses' settlements, standard of living, social aspects of crime and abnormality, misery and its causes, efficiency and relief.

Valuable lectures and field work are also given, and affiliation with the Henry Street Settlement, Bellevue and St. Luke's Hospitals, and the School of Philanthropy makes it possible to round out the experience in a most practical manner. A limited number of working scholarships are available. Further information may be had by writing directly to Teachers' College, New York City.

A NEW DIRECTORY FOR INSTITUTIONAL POSITIONS

A YEAR ago the JOURNAL established two new bureaus, one for the purchase of books for nurses, the other for supplying institutions with nurses and nurses with positions. The book department has been very successful and will be continued. The directory has been less satisfactory, because the number of nurses applying for positions was so in excess of vacancies to be filled that it seemed impossible to do full justice to those registered, and because it involved for the JOURNAL more correspondence than could be handled without the assistance of a separate business manager. The directory is no longer registering new applicants, though endeavoring to take care of those whose time is unexpired.

Miss M. E. P. Davis, who was in charge of the JOURNAL directory when it was first established and who is now in charge of the central directory of the Graduate Nurses' Association of the District of Colum-

bia, has decided to open a similar directory there, under the name of the "National Directory for Institution and Hospital Positions of the Central Registry for Nurses." Inquiries should be addressed to 1723 G Street, N. W., Washington, D. C.

THE TUBERCULOSIS CAMPAIGN IN NEW YORK

THE conference held in Albany on March 18 and 19, ending with a great mass meeting at which President Taft and Governor Hughes were speakers, had as its object the control of the disease in the state with the watchword, "No uncared for tuberculosis in 1915."

These meetings mark the end of the publicity campaign of the State Charities Aid Association and the beginning of the constructive work of providing definitely for the care of every case in "up-state New York." The demand was made for a tuberculosis hospital for every county, and for at least one visiting nurse for each city and village, a free dispensary for each city of 5000 or over, the better reporting of cases, adequate care for the sick, and thorough disinfection after cases of death. Many well-known speakers and workers were present, among them Dr. Trudeau, Dr. Simon Flexner, Homer Folks, Dr. Knopf, and Dr. Goler.

MISS COOKE RESIGNS FROM THE PACIFIC COAST JOURNAL

WE understand that Miss Genevieve Cooke has tendered her resignation to the Board of Directors and Council of the California State Nurses' Association as editor and business manager of its official organ, *The Nurses' Journal of the Pacific Coast.*

It was largely due to Miss Cooke's effort that this journal was established and that it has been brought to its professionally influential and stable position as one of the dominating factors in nursing life on the Coast. In its earlier years she assumed the burden of the journal in addition to her other duties, not only giving her services gratuitously, but making room for the journal headquarters in her little apartment.

Such pioneer service can never be estimated in dollars and cents and can only be appreciated fully by those who have performed similar service.

IN MEMORIAM

ISLA STEWART

THE sudden passing of Miss Isla Stewart, matron and superintendent of nurses for twenty-three years of St. Bartholomew's Hospital, London, has bereft the nursing profession of one of its most admirable and most important members.

Miss Stewart enjoyed a long period of unbroken distinction in her work as a nurse; she was trained at St. Thomas', and not long after was made matron of St. Bartholomew's Hospital, the oldest, the most richly historic of London hospitals; one of the proudest distinction as a royal foundation, and one of which the atmosphere radiated enlightened progressiveness, enthusiasm for ideals, and joy in work. From the beginning, and during her whole administration there, Miss Stewart stood like a tower of strength to support the cause of the progress of nurses out of mediævalism into full professional and legal status. The force of her own unusually rich and complete nature, the weight of her position, than which none was superior, and the moral support of her Sisters were all contributed freely, unchangingly, and devotedly to the cause initiated by Mrs. Fenwick, of bringing nurses out of dependency to complete self-rule and legal recognition as an educated body of professionals. So bitterly resented was this campaign by the conventions and traditions, so hostile the powerful bodies it had to war upon, so troublesome and exhausting the many battles that must be waged, that, among the twelve hospitals usually counted as most important in London, no other matron was courageous enough to stand with her. Others there were, but not in this select circle of the twelve. This shows her strength of conviction and of loyalty; another proof of her rare equipment of character is given in the remarkable fact that she ever preserved the friendly regard and liking of all those against whom she was arrayed in the most uncompromising manner. She had a geniality, a generosity of the heart, a largeness of outlook that distinguished her among others so endowed. Her opinions on all subjects were liberal and broad. She rejoiced in the full development of individuality, yet cultivated all the avenues of co-operation and associated endeavor. Under her sway, the school at St. Bartholomew's remained and is, as it was when she took it, conspicuous for progressiveness and liberality of view, and these characteristics are stamped upon the women who have trained there.

Miss Stewart's death came in the way most workers would have death come—without previous sacrifice of her work; she was in the hospital and in her committee room one day, and three days afterward her spirit had taken its flight. Mrs. Fenwick was with her, and a life-long comradeship of rare quality was thus unbroken to the last.

MARY BROWN OF VIRGINIA, JANUARY, 1910

The recent death of one of our profession is so tragic and unusual that it may properly be brought to the attention of our readers everywhere.

Mary Brown was a native of Virginia, young, trained in a Washington hospital, and but recently graduated. In December last she was engaged to nurse a very sick man in Washington; she had been with him a few weeks and, though improving, he was still in a dangerous condition. One morning late in December she left the sickroom and was in another room speaking with the family when the sick man appeared in the doorway armed with a pistol which he leveled and aimed at his wife. Miss Brown started toward him and was shot full in the breast. Mortally wounded, she reached her patient, secured the pistol and took it from him, went into the hall to the telephone and called the doctor to the house. She then collapsed and was taken to a hospital where, a few days later, she died.

These circumstances attracted much attention in Washington and the newspapers of both Washington and Baltimore commented editorially in the highest terms upon the courage, heroism, and devotion of this young nurse, and her brave facing of duty and danger. At once a movement was begun to secure for her the Carnegie medal for bravery, but her death occurred before the medal could be obtained.

A medal could commemorate this noble deed, but no such testimonial could be finer than the spontaneous sympathy, admiration, and solicitude shown by those who knew Miss Brown professionally, by the surgeon who attended her in vain, and by the press of two cities. Among nurses this event should make an unfading impression. A nurse on a battlefield, in an epidemic, in a city stricken by fire, earthquake or flood; a nurse with a contagious patient in an infected house, or alone at night with an insane person, or closely confined with a victim of specific infection—all these meet danger daily, but not so suddenly and distinctly as she who faced a loaded pistol in the hand of a frenzied man. Unhesitating coolness and courage with immediate prompt action, self-control and presence of mind of the very highest order after receiving a death wound, thoughtfulness for others as long as she could serve them, and fortitude to await her own end during the few hopeless days that remained to her—these are the priceless virtues which this young and unknown nurse brought to her work, and her example is a precious heritage for all of our profession. To few of our number is it given to rise beyond obscurity; but this young Virginian, cut off at the beginning of her days, ranks with the heroines of our history; an example for all whom she left behind, an inspiration for all who know her story, a fit inheritor of the Divine promise "Be ye faithful unto death and I will give you a crown of Life."

THE MORAL INFLUENCE OF SUPERINTENDENTS AND HEAD NURSES

By ELISABETH ROBINSON SCOVIL
Late Superintendent of the Newport Hospital, Newport, R. I.

Some years ago, during one of the conversations which it was my great privilege to have with Florence Nightingale, we were discussing the influence of a superintendent upon her nurses. She spoke of one who had recently died and said with much emotion, "She was a mother to her nurses, all her sympathies were with them." Referring to her successor she said, with a whimsical smile, "She is just a book with a skeleton in front." Miss Nightingale, with her deep insight into human nature, touched the very core of the secret of a superintendent's influence over those under her charge.

She must have the power of sympathy, if she is to win the hearts of her nurses and bring out all that is best and noblest in them. She must be able to see things through her nurses' eyes and realize how they appear from their point of view, if she is to win their hearty acquiescence and cordial co-operation in the measures she devises for their good. Before she can create an *esprit de corps* in the school she must be able to inspire a personal loyalty to herself, and when this is once accomplished the tone of the school will rise imperceptibly to any height she wishes it to attain, or any standard she can set for it.

Women will do much for love and from a desire to please that cannot be extorted from them by any outside pressure, and nurses are no exception to the rules that govern their sex.

Perfect justice and fairness should mark all the dealings of a superintendent with her pupils. If they have confidence in her and know that she sincerely intends to judge justly, they will not resent it if her fallible human nature sometimes betrays her into judgments that seem to them unduly harsh, or lenient, to the offenders. She must try to hold the scales of justice evenly and to strike the balance fairly between the sometimes conflicting claims of the hospital authorities, the patients, and her nurses. If the latter are imbued with a deep conviction that their interests are safe in her hands, they will not resent the concessions that it is sometimes her duty to make to the other members of the triad.

When a superintendent is known to be careful of the comfort and

welfare of her nurses, using her influence to procure for them proper hours of service, with time for study and recreation, comfortable and well-served meals, and in every way in her power helping to better the conditions under which their work must be done, she is in a position to ask for extra service when it is needed without the fear of its being rendered unwillingly.

The moral influence of a superintendent cannot be great unless she can inspire respect in her nurses. If they feel that she sincerely wishes to do what is right and is herself honest and upright, she will have less difficulty in exacting the same standard of conduct in them. Fear of offending or grieving her by acts of doubtful import should be strong enough to make them wish to avoid them.

There are, of course, cases in which no motive seems to be powerful enough to prevent those who wish to do so from breaking the clearly-defined bounds that must hedge in a training school. When the offence is flagrant and wilful the superintendent loses her moral influence unless she is strong enough to punish it, not vindictively, but justly, quite undeterred by any possible loss of popularity. The appeal is to the moral sense of the school and it is seldom made in vain if the facts are clearly understood.

If the superintendent can make friends of her head nurses and executive officers and make the undergraduate nurses feel that everything she does is intended to conduce to their ultimate good, the question of discipline becomes a less difficult one. The day may come when the self-government that is the rule in some schools and colleges will be introduced into training schools and the nurses will make their own laws of conduct and punish by public consent any deviation from them. When this is the case the problem of discipline will be happily solved.

One of the most potent means that a superintendent can use to enhance her influence is judicious praise. It must be employed sparingly and not given without due cause. When a nurse knows that kindly appreciation will follow her efforts to do her work especially well, or warm acknowledgment will reward any special triumph of care and watchfulness in a difficult case, she will be stimulated to do her very best and even to try to achieve the impossible. The disheartening feeling that what one does matters little to those in power, so long as one gets through certain prescribed duties fairly well, should never be allowed to creep into a training school. There should be quick recognition of unusual ability or faithfulness, and trustworthiness should be rewarded with appreciation, not only felt, but expressed.

Head nurses come so much nearer to the pupils in daily contact

than it is possible for the superintendent to do that their opportunities for exercising moral influence over them is perhaps even greater than hers.

It has often amazed me to see how completely some head nurses seem to have forgotten that they were once probationers and assistant nurses themselves. Not a memory, apparently, remains of the trials and difficulties that they themselves underwent in their previous undeveloped existence, before they attained to their present dignity.

The Golden Rule is as important a part of a head nurse's equipment as a knowledge of the latest procedure in asepsis, or the best way to move a helpless patient. She cannot do unto her nurses as she would wish them to do unto her, should the situation be reversed, if she has forgotten how it feels to be an anxious probationer, or an ambitious assistant nurse.

The head nurse has absolute control of her ward in many ways and it rests with her whether it shall be a place to which the pupils long to be transferred, or one to which they dread and dislike to come. She regulates the atmosphere of the ward in far more than the physical sense, and is responsible for the spirit that animates it. We can all look back and remember head nurses whom we loved in spite of their strictness and insistence on the exact fulfilment of every duty, and others whom we neither liked nor respected, though they did not hold us so strictly to account in minor matters. The daily example of the head nurse cannot but have the most powerful influence over those who are so closely associated with her in the routine work of the ward.

Her standard of honor must affect them, whether they are fully aware of it or not. If a mistake is made in carrying out orders and she endeavors to conceal it, or to shift the blame on some one else, who perhaps was less responsible than herself, instead of bravely acknowledging the facts and doing her best to repair the mischief, her nurses' respect for her and confidence in her must be diminished. If their own moral sense is weak they are confirmed in the belief that it is clever to escape unpleasant consequences by any means in one's power. If they are of stronger moral fibre they must despise her for the subterfuge, yet there is a lowering of the standard that may make it easier for them to fail in some moment of trial, remembering that she successfully evaded the penalties of detection. It is almost impossible to do wrong without harming others, nor right without helping them.

The head nurse's attitude towards the rules of the hospital has an immense influence on the nurses. Obedience to authority is very difficult for some natures. Rules present themselves to such persons as something to be evaded if possible, a challenge to disobedience. Laws are made

for the benefit of the governed, theoretically at least, and if those who are bound by them cannot see the wisdom of any particular one they are not therefore free to disobey it. Having voluntarily placed themselves in an institution, it is their duty to submit to any restrictions that may prevail there without rebelling against them. If the head nurses are honestly desirous to assist the authorities in maintaining the order that comes from obedience to regulations they are a tremendous power for good.

Things that are perfectly harmless in the outside world are an infringement of the decorum that should prevail in a hospital, where sickness and suffering are the staple of life, and every energy during working hours should be concentrated on their alleviation. If a head nurse permits herself to indulge in trifling conversation or the mildest flirtation with the medical students whose duties bring them to the wards, she must not be surprised if her nurses follow her example, should they be inclined to such frivolities. She cannot expect them to be reserved and dignified if she lowers her own dignity in this way. When she herself is blameless it is more easy for her to impress upon a young nurse that these things, which are absolutely harmless in other surroundings, are out of place in a hospital ward and will not conduce to her good standing in the school.

In no other way can a head nurse exert more influence over her nurses than in the model she sets before them in her treatment of the patients. Kindness, gentleness, patience, we all know the good qualities that belong to the ideal nurse, but oh! how hard to possess them when one is tired and worried and the impatient word comes so easily, or the trivial neglect seems to matter so little. It is then that the steadying influence of the head nurse makes itself felt. If the spirit of kindness and consideration pervades the ward, the nurses fall in with it and are kind and considerate too, they are ashamed to be otherwise, even if no nobler motive inspires them.

The hospital exists for the patients and for no other reason. The nurses are there to be trained for the care of other sick persons. No one quality will so further their success in private nursing as a kind and sympathetic manner. Is it not then a nurse's duty to acquire one? She can only do it by constant practice. It is the head nurse's duty to teach her by example and precept that no trouble is too great to take if it adds to the comfort of a patient or helps to relieve pain, and that no annoyance is too small to be removed if its absence will assist in bringing ease to a sufferer.

Many times in their future career they will thank her for the lesson and remember, tenderly and gratefully, her influence over them for good.

HOOK-WORM DISEASE *

By HARRIET B. GIBSON, R.N.
Graduate of the Scranton State Hospital, Scranton, Pa.

This is a disease common in tropical Europe and in the southern states of America, and is caused by the growth of the *Uncinaria* or hook-worm in the intestines of man and in many of the domestic animals. It is characterized by anæmia, stunted growth, and an indisposition to do any work.

Parasitology.—Two varieties of the worm are noted, commonly called the American and the European types. The American hook-worm is cylindrical shaped, 7–11 mm. long, and possesses a dorsal and ventral pair of lips at the mouth, a prominent buccal tooth, and four buccal lancets. The ova or eggs are thin-shelled, oval in shape, and are 60 to 70 mm. in length, and 30 to 40 mm. broad. These are usually found in the discharges of patients.

History.—The Old World hook-worm was first observed by Dubini in 1843, when he called it the *Uncinaria*. It was also studied by Raillet in 1885. The American type was studied and popularized among the medical profession by Dr. Charles Wardwell Styles, who at the American Sanitary Congress made the public announcement that the laziness and shiftlessness of the poor whites in the south were due to infection with the hook-worm disease, the germ of laziness, as it was called.

Sources of Infection.—This occurs in two ways: (1) through the skin, with dirt and fecal material getting into the general circulation and passing into the heart, lungs, larynx, œsophagus, stomach, and intestines, where they attach themselves with their lips; (2) the hook-worm also enters the system by the mouth, with food which has been contaminated, or with dirt which is eaten by some people of the south and the tropics.

Climate and Hygienic Surroundings.—The disease occurs in warm climates, especially in countries where the drainage and sewerage systems are not properly looked after. It is most common among people who come in contact with damp earth, as farmers, miners, tunnel diggers, and people who go bare-footed.

Symptoms vary with the severity of the disease, some cases being of great intensity, others of a rather mild type. The common symptom of the disease is an anæmia of characteristic form. The pallor is most

* Read at a meeting of the State Hospital Training School Alumnæ.

marked about the nose, resembling tallow in color. The skin is dry and parchment-like, perspiration being nearly suppressed. The eyes are of great diagnostic value, being a cross between the eyes of a fish and those of a drunkard. Œdema of the face, feet, and ankles is usually present. The face is stupid and bears an anxious expression. The appetite is ravenous at first but later it may be completely absent. Perversion of the appetite is a common symptom. A taste for chalk, charcoal, tobacco ashes, mud, clay, sand, and rotten wood is frequently noted. The muscles of the body are soft and flabby, the patient is weak, tires very easily, and is obliged to rest on the slightest exertion. Mental lassitude, headache, and dizziness are frequent.

In cases of infection before puberty, a delayed development and stunted growth are common among the poor whites in the southern states.

Diagnosis of the disease is made by the above symptoms and the finding of the ova in the stools.

Treatment.—The drugs used in the treatment of uncinariasis are thymol, male-fern, and betanaphthol, the best being thymol.

A regular treatment is usually given as follows: (1) The patient is dieted to get rid of all mucus in the alimentary tract. (2) Cascara or salts is given to clean out the bowel. (3) On the morning after the bowels are thoroughly emptied, thymol is given in 20–30 gr. doses. Two hours later 20 gr. are given again. Follow the last dose of thymol by a large dose of salts. The above treatment ought to be carried out three times. Alcohol, castor oil or any other solvents of thymol must never be given following the use of the drug. Male-fern is used in the dose of 1–2 drachms, followed by the use of salts.

Prevention.—Since the fæces of hook-worm patients represent the infection in concentrated form, it is clear that a proper disposal of the discharges is the great factor in preventing hook-worm disease. Build proper drainage sewers and privies, and insist that they be used. The use of shoes may be insisted upon to prevent entrance through the skin, but this is difficult to adopt if the patients are very poor. The water ought to be boiled, but even this is sometimes impracticable among the poor. If the fæces are disposed of, the danger of infecting the water is removed. To keep the hands clean is, of course, an excellent plan, but unfortunately is of limited application. The great principle is to prevent the dirt from becoming dirty, sweet clean dirt is not dangerous.

AN OBSTETRICAL CASE AT HOME *

By JENNIE M. PUTNAM
Graduate of the Illinois Training School for Nurses, Chicago.

WHY so many nurses consider this work objectionable and register against it, I cannot understand. What is more beautiful than the entrance into this world of a new life, and should we not as nurses rejoice in the part that we are able to play?

When engaged for an obstetrical case, make the personal acquaintance of your patient. Call upon her, if possible. Show your interest in her welfare. You may advise in the selection of a lying-in room which will be most pleasant and convenient. Note means of heating and ventilation, and arrange accordingly. Where convenient two rooms adjoining are better than one, so the babe need not be kept in the room with the mother. Arrange definitely in regard to time and your price. Give the patient your obstetrical list and any explanations she may wish. Make yourself her helper. Keep closely in touch with her during the remaining period of pregnancy. Call and see her occasionally or write to her.

At the appointed time be ready for duty. It is well to be present a few days prior to the date of child-birth, so sterilizing may be done and all be in proper order. The use of a small portable sterilizer greatly simplifies the work of sterilization, and in emergency work is almost a necessity.

The days of sterilization in a wash boiler are practically over. There are easier ways of procuring sterile goods at a moderate cost and in most large cities there are graduate nurses who make a business of furnishing such supplies. Large or small packages are kept ready; any amount of material can be purchased ready sterilized, from one accouchement pad to a dozen vulva pads or twenty-five applicators. With sterile goods ready in sealed packages, it is a very simple matter to get ready for an obstetrical case. The plan of buying sterile gauze and cotton and making it up hurriedly with hands not sterilized is a dangerous one.

The lying-in room should be carefully cleaned, all unnecessary articles being removed. Give the patient a preliminary preparation. Get in

* Enlarged from a paper read before the Alumnæ Association of the Illinois Training School.

touch with the physician in charge of the case; learn the solutions he uses and any special utensils he may desire.

Where the waiting period is long, time often drags for both patient and nurse, but make yourself a help rather than a burden to the family; aid in the care of older children, find some regular duties which will relieve the expectant mother; adapt yourself to the routine of the family life; win the good-will of the servants. All this will be a help to you when your active work begins.

When labor commences, have the room in complete readiness as soon as possible. Lace curtains and rugs are removed and the floor wiped with a damp cloth. Bon ami applied thickly on the windows makes a very satisfactory frosting, is quickly applied, and does not shut out the light. For a solution table, secure a good sized firm one. If such an old table can be found, use it. Dry-goods boxes with planks laid across them will answer the purpose or, with proper precaution, the most highly polished library table may be used without injuring it in the least. All depends upon the home in which you are working what you find to work with. It is well to remember that in the homes of people with limited means, it is much more to them to have the varnish stained or removed from a very ordinary table which may be their best, than to have the same accident occur to the most highly polished mahogany in a wealthier home. So use the same precaution in either case. The top of dresser, dressing table or chiffonniere may be used for supplies. Cover each article of furniture with a thick pad of newspapers. Where hot basins or solutions of any kind are to stand, place over the newspapers pieces of boards, and cover these with a second pad of newspapers, letting them project well over the edges. Then cover all with a sterile sheet or towels. Where the bedstead is of highly polished wood, several thicknesses of newspaper fastened to the side of the mattress and allowed to fall over the side of the bed will protect it from any dripping of solutions. Covering the floor about the bed and solution table with papers will save much after work.

Complete the surgical preparation of the patient, make the bed with sterile linen, see that quantities of hot and cold sterile water are at hand, that basins and pitchers are sterilized and ready for use. Assisting the patient, attending to her needs and comforts, waiting upon the accoucheur, caring for the infant when first born; each minute brings its own work until the mother is once more resting quietly and baby has had his first drink of water.

Where it can be so arranged, it is well to have the lying-in room

another than the delivery room. Then, as soon as labor is over, the patient is removed to the fresh room.

Quickly and quietly clear away the débris. Wrap bed-pads, placenta, and soiled dressings in bundles of newspapers and burn in the furnace or stove. In houses warmed by electricity or gas some arrangement must be made with the janitor to have the waste disposed of. Never throw these things in the garbage or ash barrels. Place soiled linen in cold water and at the earliest opportunity rinse and send to laundry.

For the after care of mother and babe adopt a routine of work. Arrange the baby's feeding hours so that they do not interfere with the mother's meals. Train the child from the first to regular habits in sleeping and eating. Dress the infant simply and warmly. Let the mother become accustomed to the baby's crying.

Make the surroundings as cheerful as possible. Often there is a tendency on the part of the lying-in patient to moments of despondency. After the fifth day, if all is well, allow friends to be with her for short periods of time.

Place soiled dressings and pledgets in paper sacks or newspaper cornucopias and have them burned. Small squares of muslin placed within the infant's napkins and when soiled, burned, will save much washing.

Where the mother so desires, take charge of the washing of the baby's flannels. It only takes a few minutes each day, and where economy must be considered, relieves the patient of considerable worry.

All sterile utensils used should be resterilized each day. By turning one basin over another, they may be kept practically sterile. Keep sterile pitcher covered with sterile towel. Keep the hand brush for scrubbing in a jar of lysol or bichloride solution. Baby's nipples and water bottle are to be kept in a weak boric solution. Sterile water, boric solution, and bichloride solution (when used) keep in Mason jars with tops screwed on tightly. Keep hot sterile water constantly in the tea-kettle.

Just how long after the birth of the child a nurse should remain, all depends upon the condition of the mother and baby. Where both are strong and well, three weeks are usually sufficient.

Frequently opportunities are offered to convert ourselves into nurse maids, but is not our profession one which should take us into broader and more helpful fields of work?

THE HIGH CALORIC DIET IN TYPHOID

By MARY E. THORNTON, R.N.

The ideal diet (which has been defined as "that combination of foods which, while imposing the least burden upon the body, supplies it with exactly sufficient material to meet its wants"), never of more importance than in typhoid, would seem to have been attained in the higher caloric diet, and while it is a difficult one to administer, calling for the utmost accuracy on the part of the nurse and the greatest care in rendering it attractive, the results are very satisfactory; after the first week the patients gain one or more pounds in two days, occasionally two pounds in three days; in the convalescent stage the patient does not feel weak or dizzy when sitting up for the first time.

At Bellevue Hospital, Dr. Warren Coleman has for the past two years been experimenting with the higher caloric carbohydrate diet and believes that the most potent factor in the losses of the disease is partial starvation. He calculates the minimum energy requirement of the typhoid thus: "A normal man at ordinary rest requires about 33 calories per kilo of body weight each day; the average typhoid requires a 25 per cent. addition to meet the febrile increase in heat production; this gives 41 calories per kilo of body weight per day, or approximately 3000 calories for a man weighing 150 pounds," and states that his "best results were obtained when the diets furnished from 60 to 80 calories per kilo per day or 4000 to 5500 calories; in one case 100 calories per kilo or 6000 calories a day and in another 7700 calories per day were given." Dr. Coleman's diet consists of milk, cream, milk-sugar and eggs, small slices of toast or stale bread, and as much butter as the patient wishes, daily quantities being about 1½ quarts of milk, from 1 to 2 pints of cream, ½ to 1⅔ pounds of milk-sugar, and from 3 to 6 eggs. The food is given every two hours during the day, and every three hours during the night.

A specimen schedule of feedings is as follows:

Breakfast, 7 A.M. Coffee, 6 oz., with cream, 2 oz., with milk-sugar, 50 Gm.; toast, 2 or 3 slices with butter, 30 Gm.; cereal, 4 oz., with cream, 2 oz.

9 A.M. Milk, 4 oz., with cream, 4 oz., with milk-sugar, 30 Gm.

11 A.M. Two eggs, soft-boiled, mashed potato, 100 Gm., custard, 8 oz., toast, 3 slices with butter, 30 Gm., milk, 4 oz., with cream, 4 oz., with milk-sugar, 30 Gm.

1 P.M. Milk, 4 oz., with cream, 4 oz., with milk-sugar, 30 Gm.

3 P.M. Stewed prunes or apples, 2 oz., milk, 4 oz., with cream, 4 oz., with milk-sugar, 30 Gm., or substitute cocoa for milk.

5 P.M. Cereal, 6 oz., with cream, 3 oz., toast, 3 slices with butter, 30 Gm.; 1 egg, soft-boiled.

7 P.M. Milk, 4 oz., with cream, 4 oz., with milk-sugar, 30 Gm.

10 P.M. Milk, etc., as at 7 P.M., and repeated at 1 A.M. and at 4 A.M.

An effort is made to get in an occasional lemonade or orangeade; this schedule represents about 6020 calories.

The custards, jellies, junkets, and ice cream, made with milk-sugar, are prepared in the diet kitchens, and one nurse is made responsible for the administration of the diet.

Dr. Coleman does not use meat nor its juice, believing by the avoidance of these, that the protein loss is kept lower, and advises the use of meat sparingly, even in convalescence.

As a rule the diet is taken well, but should the patient be unable to retain it or in the event of milk curds showing in the stools, peptonized milk is given for a few days and then gradually the diet of milk, cream, and milk-sugar is resumed. Milk-sugar, Dr. Coleman advises, should be given in small quantities at first and gradually increased, ½ oz. to 6 oz. of milk, until if possible the patient can take 6 oz. of milk, 2 oz. of cream, and 2 oz. of milk-sugar; the milk-sugar may be added to tea, cocoa, coffee, or used in making custards and ice cream; in making lemonade, the water and sugar are boiled for two minutes before adding the lemon juice—4 oz. of the sugar to 8 oz. of lemonade.

At the New York Hospital Dr. Connor's typhoid diet is used with good results; cereals, gruels, arrow-root, tapioca, cornstarch pudding, cream, cocoa and custards, eggs, scraped beef, pasteurized milk with vichy, lemonade, and milk-sugar when patient can take it are included in this diet. A specimen diet sheet is as follows:

Breakfast: One soft-boiled egg, 75 c.; 2 tablespoons hominy or farina, or 2½ tablespoons oatmeal (well cooked), 100 c.; milk, 3 oz., 60 c.; cream, 2 oz., 200 c., making 435 calories.

Dinner: Beef juice, 1 oz., 50 c.; scraped beef, 1 oz.; oatmeal gruel, 8 oz., 100 c.; with cream, 2 oz., 200 c.; ice cream, 3 tablespoons, 200 c., making 550 calories.

Supper: One soft-boiled egg, 75 c.; oatmeal gruel, 8 oz., 100 c.; with cream, 2 oz., 200 c.; wine jelly or custard, 3 tablespoons, 100 c., making 475 calories.

Cream, 16 oz., is used for each patient every day from 6 A.M. to 8

P.M. Pasteurized milk, 6 oz., 120 c.; cream, 1 oz., 100 c., giving a total of 3220 calories, and lactose, if borne by the patient, will bring this amount up. On the first day that the temperature is normal, cream soups, chicken gravies, sandwiches, baked potatoes may be given; on the third day, chicken; the fourth, chops, until a normal diet is established. A table of the approximate caloric values of standard portions has been worked out and is as follows:

* One standard portion = 100 calories (approximately).

Apple, baked, 1 (medium sized).
Apple sauce, 4 average tablespoons.
Apricots, pulp, 1 flat tablespoon.
Bacon, 2 medium slices.
Beef (roast), thin slice 2 x 2.
Beets (¼ "S. P."), 5 average slices.
Bread (baker's), 1½ large slices.
Butter, 1 average "pat" (square).
Celery (½ "S. P.") medium bunch.
Cheese (cream), 2 cubes.
Chicken (average serving portion second joint, breast and wing).
Chops (lamb), 1 (average).
Corn (stewed), 2 heaping tablespoons.
Cornmeal, 1 scant tablespoon.
Cornstarch pudding, 1 scant tablespoon.
Cream, 1½ oz. (20 per cent.).
Custard (baked or boiled), 2½ heaping tablespoons.
Eggs, whole, 2 (large), 1½ "S. P."
Eggs, whites, 5.
Eggs, yolks, 2.
Fish, pollock, ½ "S. P."
Fish, haddock, 3 x 2 x 1.
Hash (corned beef), 1½ heaping tablespoons.
Hominy, 2 heaping tablespoons.
Ice cream (diet kitchen), 1½ heaping tablespoons.
Ice cream (hospital), 2 heaping tablespoons.
Jelly (wine), 3 average tablespoons.
Junket, or koumyss, 7 oz.
Lactose, 1½ tablespoons.
Lamb (roast), thin slice, 3 x 3.
Lemon juice, 9 oz.
Lettuce (small head), ½ "S. P."
Milk (whole), 5 oz.
Buttermilk, 8 oz.
Oatmeal, 2½ heaping tablespoons.
Onions (boiled), 5 (small), ½ "S. P."
Orange, 1 very large or 2 medium.
Orange juice, 6½ oz.
Potato, baked, 1 (medium size).
Potato, boiled, 1 (medium size).
Potato, mashed, 1½ heaping tablespoons.
Prunes, stewed, 6 (medium size).
Rice, boiled, 2½ heaping tablespoons.
Rice pudding, 1½ average tablespoons.
Sago pudding, 1½ heaping tablespoons.
Soup (cream of celery), about 7 oz.
Soup (pea), about 5 oz.
Soup (vegetable), about 10 oz. (½ "S. P.").
Spaghetti, 1 scant tablespoon.
Spinach, 2 heaping tablespoons.
Squash, 2½ heaping tablespoons (½ "S. P.").
Sugar, 6 level teaspoons or 45 Gm. loaf.
Tapioca, 2 overflowing tablespoons.
Toast, 1¾ large slices.
Tomato, fresh, 4 (average).
Wheatina, 1 heaping tablespoon.
Whey, 6½ oz. (½ "S. P.").

At the St. Luke's Hospital a modified Coleman diet and a Shattuck are both given with good results.

The Shattuck diet is: 6 A.M., milk with vichy, 6 oz.; 8 A.M., coffee

and strained cereal; 10 A.M., cocoa and one soft-boiled egg; 12 M., broth or zoolak; 2 P.M., milk and scraped beef sandwich; 4 P.M., milk or cocoa and one soft-boiled egg; 6 P.M., milk toast; 8 P.M., zoolak; 10 P.M., milk or broth.

The modified Coleman: 6 A.M., milk, 8 oz., with milk-sugar, 1 oz.; 8 A.M., milk, 8 oz., with milk-sugar, 1 oz., and one egg; 10 A.M., milk, 8 oz., with milk-sugar, 1 oz., and cocoa; 12 M., same quantity milk with milk-sugar and one egg; 2 P.M., same quantity of milk with milk-sugar and sherry; 4 P.M., same quantity, and cocoa; 6 P.M., same quantity, and one egg; water *ad. lib.*, and during night broth or lemonade every two hours.

SUGGESTIONS FOR WHAT IS REQUIRED IN BUILDING A NURSES' HOME

By AGNES S. WARD, R.N.
Superintendent Metropolitan Training School, Blackwell's Island, New York

(Continued from page 401)

Library.—A large, light, pleasant room ought to be chosen for the library. We hear a great deal about nurses becoming so one-sided during their training, thinking of nothing but their patients and their classes. The reason for this, in many instances, is that the nurse has no place to read comfortably, and a library supplied with the daily papers, magazines, and a good assortment of books would be a great advantage in enabling the nurse to keep up with current events, so that when she graduates she will not feel as though she were years behind the times. If desired, the bookcases could be included in the building plans, being made sufficiently large to allow for additional volumes. This room should be especially well lighted and provision made for drop lights on reading tables.

Lecture Room.—If desired, the lecture room might be planned adjoining the library, the rooms being divided by vertical rolling doors which can be removed when it is desired to hold commencements, dances, etc. A movable platform might be provided for this room to be used when needed. There should be an abundance of closet room for keeping articles required for class demonstrations, manikin and skeleton; a bulletin board where notices or rules may be posted; and chart holders for anatomical charts.

Demonstration Room.—Where possible, a demonstration room should be connected with the lecture room. Here we may have a number of beds where the probationers can practice bed making and have practical examinations, and where pupils may have instruction in massage. This room should be sufficiently large so that it can be divided by doors; one half being used as an instruction laboratory where the nurses will receive their preliminary instruction in dietetics before going to the hospital diet kitchen. This should be fitted with zinc-covered tables and individual drawers, to contain the equipment required by the nurses. These drawers should be supplied with good keys; then each nurse can be held responsible for leaving everything in perfect condition. A stove is required for each nurse. There should also be dressers, refrigerator, a sink with running water, and a table with a number of small sinks and running water where any work required in bacteriology or chemistry could be given.

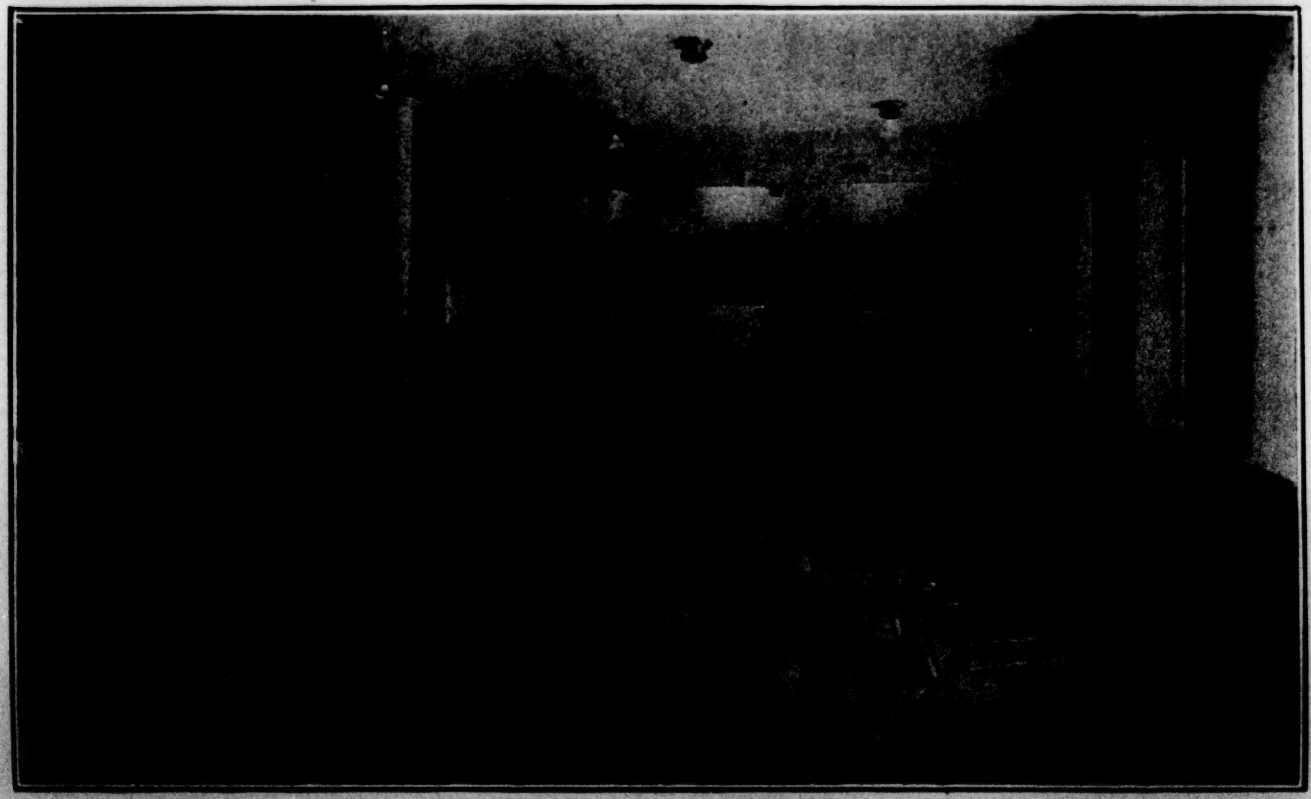
This room should be kept entirely for instruction and not used as a diet kitchen for sick nurses, because when so many people have access to this kind of a room things are put away in poor condition, or supplies are lost, and it is difficult to hold any one responsible.

Offices.—At least two or three offices are essential; one where the nurses will receive their mail and parcels, and register on entering and leaving the home; and one for the housekeeper or bookkeeper. In connection with these offices there should be a filing room where books, stationery, and the records of sick nurses are filed.

Physician's Suite.—The physician who cares for the sick nurses in a large home spends a good deal of time in examining and prescribing for them. In case of severe illness he frequently stays several hours at a time, and sometimes even all night. A suite consisting of sitting-room (to be used as office), bedroom, and bath would not only save a great deal of the doctor's time in the general care of the nurses, but would give him a place which he felt was his own whenever it was necessary for him to stay. The sitting-room of this suite may be used by the superintendent as an office when it is necessary for her to interview nurses, or do special work in the home.

These rooms—reception hall, library, lecture room, demonstration room, dining-room, kitchen, scullery, etc., doctor's suite, offices, lavatory and cloak room might be located on the first floor, giving the other floors practically over to bedrooms.

Lounging Rooms.—In all the rooms on the first floor it is necessary that the nurses wear either uniform or street clothing; a lounging room, on each bedroom floor, where the nurses can be comfortable in



LIBRARY AND LECTURE ROOMS, WITH VERTICAL ROLLING DOORS PUSHED UP.

their kimonos during the evening hours and still gather together to read or visit, would be a distinct advantage.

If it is not possible to have a tea room, attractive cupboards, gas, and sink could be located in one end of these rooms. If possible, it is well to have a class on each floor, thus giving a lounging room to each class.

Tea Room.—When the nurses have an hour or two off duty in the afternoon, they are frequently extremely tired, and much of the time is spent in simply resting. If a tea room be provided, where they can make a cup of tea, they will feel refreshed and the rest hours will more frequently be spent out of doors, or in some other profitable way. Then, too, the social time over the cup of tea sends the nurse back to her ward feeling very much at peace with the world. This room should be fitted with gas stove, a sink with running water, and a dresser for dishes.

Infirmary.—The care of the sick nurses is frequently overlooked in the building of the home, and it is a matter which ought to receive the closest attention. The infirmary should be located near the top of the building, and have a bright sunny exposure. It ought to be so arranged that it can be entirely shut off from the rest of the building—perhaps in one wing—with free access to the fire escape.

The following rooms are suggested: an operating room with a good light; a diet kitchen, crematory and sink room, bath, lavatory, linen room, and as many sick rooms as desired. These should be especially large, light, and airy.

Instead of a stationary bath, a movable tub could be used—this could be moved from the bathroom where floor drainage is arranged to give bedside baths, or tubbing to reduce fever.

Baths, Lavatories, and Toilets.—There should be one bath-tub for at least every five people. A number of tubs can be located in one room and divided by suitable partitions, making each entirely separate. Shower baths are not likely to be much used by women. A wash bowl and toilet should also be provided for about every five people, but the stationary bowls should not be expected to take the place of the wash bowl and pitcher in the room, as many people dislike washing where there are others around.

Small stationary wash tubs, in which the nurses can wash out handkerchiefs, collars, etc., could be located in the toilet or lavatory on each floor.

Slop Hoppers.—A closet with slop hoppers and accommodations for brooms and pails ought to be located on each floor. This not only does away with the unnecessary passing through the lavatories, but will also

do away with any chance of waste water being thrown in the wash bowls, or pails being emptied into toilets, which often causes breakage and stoppage.

Pressing Room.—A small room fitted up with electric irons and boards will enable the nurses to press light dresses, handkerchiefs, and many small articles which can scarcely be sent to the laundry. This room might be located in the attic, convenient to the elevator.

Linen and Sewing Rooms.—The linen and sewing rooms might be located on the attic floor near the elevator; this is much better than a basement sewing room. The sewing room should be as light as possible, and the linen room next to it, equipped with long tables and rows of wooden boxes about 18 inches by 18 inches all around the walls.

Make the lowest row 4½ feet from the floor, and under this a cross piece, with as many hooks as there are boxes above it. There should be as many boxes as there are nurses. The clean linen is all sorted in this room—the home linen sent to the linen rooms, and the nurses' linen put in these boxes, with the exception of the skirts which are hung on the hooks.

The boxes should be numbered, and a typewritten list in the room will show just where each nurse's clothing is placed. The nurses call for their clothing each Saturday evening.

One general linen room from which the home linen is distributed might be located on one floor, or smaller rooms might be located on each floor. A general cedar closet for storing blankets, or a small one on each floor would insure against moths.

(To be continued.)

DIET LISTS FOR OBSTETRICAL PATIENTS

(Continued from page 391)

V. By JESSIE F. CHRISTIE, Chicago

THE fruit given depends upon the season of the year. I do not usually give grape-fruit, but all other fresh fruits.

The amount of liquids given depends upon the condition of the breasts. I find that if I do not give a great deal of liquid diet the first three days, my patients are much more comfortable.

The general rule is, no meat till after the third day; after the

third day, anything which the patient enjoys and can digest. Care must be taken to avoid foods which cause flatus.

First day. Breakfast: Oatmeal, toast, coffee. Dinner: Soup, poached egg on toast, baked custard, milk. Supper: Milk toast, canned or stewed fruit, tea, or milk.

Second day. Breakfast: Fruit, cracked wheat, toast, coffee, scrambled egg. Dinner: Soup, gravy toast, potato, spinach, rice pudding, milk. Supper: Omelet, canned or stewed fruit, cake, tea, or milk.

Third day. Breakfast: Fruit, cream of wheat, soft-boiled egg, toast, coffee. Dinner: Soup, scalloped oysters, cocoanut custard. Supper: Creamed toast, baked apple, cake, tea.

Fourth day. Breakfast: Fruit, oatmeal, poached egg, toast, coffee. Dinner: Soup, lamb chop, potato, string beans, lettuce, apple tapioca. Supper: Chicken croquettes, Irish moss blanc mange, cake, tea.

Fifth day. Breakfast: Fruit, rolled wheat, shirred egg, toast, coffee. Dinner: Soup, white fish, potato, carrots, fruit salad, Spanish cream, milk. Supper: Oyster stew, tomato salad, tapioca jelly, cake, tea.

Sixth day. Breakfast: Fruit, cracked wheat, ham, toast, coffee. Dinner: Soup, roast beef, potato, creamed celery, vegetable salad, prune soufflé. Supper: Creamed sweetbreads, caramel custard, cake, tea.

Seventh day. Breakfast: Fruit, cornmeal mush, creamed finnan haddie, toast, coffee. Dinner: Soup, fricassee of chicken, potato, asparagus salad, ice cream, cake. Supper: Mushrooms on toast, apple float, cake, tea.

Eighth day. Breakfast: Fruit, oatmeal, poached egg, toast, coffee. Dinner: Soup, roast lamb, potato, green peas, salad, fig pudding. Supper: Creamed chicken, stewed prunes, cake, tea.

Ninth day. Breakfast: Fruit, cream of wheat, country sausages, toast, coffee. Dinner: Soup, tenderloin of beef, potato, mushrooms, salad, snow pudding. Supper: Creamed egg on toast, baked apple, cake, tea.

Tenth day. Breakfast: Fruit, cracked wheat, ham and egg, toast, coffee. Dinner: Soup, veal stew, potato, scalloped tomatoes, Bavarian cream. Supper: Broiled oysters, canned fruit, cake, tea.

VI. By ALICE C. BEATLE, Cleveland

The only rule I follow with my obstetrical patients is to give them liquid and very light diet until after the third day, and then, if the patient is perfectly normal, I give her plenty of good wholesome food.

First day. Breakfast: Beef or lamb broth. Luncheon: Pea soup, milk. Dinner: Chicken broth (thickened), cocoa.

Second day. Breakfast: Cereal, coffee, toast. Luncheon: Cream toast, cocoa, prunes. Dinner: Tomato soup, thin bread and butter, blanc mange.

Third day. Breakfast: Orange, cereal, coffee, toast. Luncheon: soft-boiled egg, bread and butter, tapioca pudding. Dinner: Creamed sweetbreads on toast, celery, sponge cake, cocoa.

Fourth day. Breakfast: Baked apple, cereal, coffee, toast. Luncheon: Creamed oysters on toast, lettuce sandwiches, gingerbread, milk. Dinner: Scraped beef, baked potato, peas, custard, tea.

Fifth day. Breakfast: Prunes, cereal, omelet, toast, coffee. Luncheon: Chopped steak, lettuce and egg salad, plain cake, sliced oranges, cocoa. Dinner: Lamb chop, creamed potato, creamed carrots, bread pudding, tea.

Sixth day. Breakfast: Grape-fruit, cereal, soft-boiled egg, bacon, muffins, coffee. Luncheon: Fried oysters, fruit salad, cup custard, cake, milk. Dinner: Sweetbreads, mashed potato, corn, lemon jelly, cocoa.

Seventh day. Breakfast: Oranges, cereal, codfish balls, toast, coffee. Dinner: Chicken, scalloped potatoes, spinach, cranberries, ice cream, cake, coffee. Supper: Cold tongue, crumpets, cake, milk.

Eighth day. Breakfast: Baked apple, cereal, poached egg, toast, coffee. Luncheon: Creamed chicken, rice croquettes, cocoa, cookies, stewed apricots. Dinner: Beefsteak, baked potato, succotash, cabinet pudding, milk.

Ninth day. Breakfast: Prunes, cereal, creamed chipped beef, toast, coffee. Luncheon: Oyster stew, celery, sweetbread salad, cake, cocoa. Dinner: Turkey, mashed potato, lettuce salad, ice cream, cake.

Tenth day. Breakfast: Grape-fruit, cereal, cocoa, muffins, coffee. Luncheon: Cold turkey, potato cakes, water cress salad, milk. Dinner: Roast beef, creamed celery, potato, apple tapioca pudding, cocoa.

VII. By RUTH BREWSTER SHERMAN, R.N., Baltimore

FOOD OR MEDICINE?

THE question of diet for the sick child resolves itself into this: How feed the mother so that she and her baby shall progress as rapidly and pleasantly as possible and need the least possible medicine? The supplies we put up may be admirably the kind which give the doctor all he can take for granted; but upon our ability to advise the mother depends much of the success from the patient's point of view, that is, whether the child will be, like Mellin's food, "advertised by [illegible]

Nor is this at all a difficult or complicated matter. The mother is not sick and we have only to remember a few general objects of effort: (1) she must be able to nurse her baby; (2) her bowels must be kept open during two weeks of inactivity in bed, and (3) the baby's bowels also must be kept in good condition.

It is my experience that doctors give practically no directions on this point. The best obstetricians of Boston and New York have said to me, "Give her anything she likes after the first day or two." Dr. Partridge Williams of Baltimore, on his card of printed "Directions for Nurses," has the following two items which I have coupled together for the purpose of this paper:

(a) Give ½ oz. Rochelle salts the morning after labor and repeat in four hours if not effectual.

(b) Diet: First 24 hours, milk, soup, coffee or cocoa, and buttered or soft toast. Second and third days, as above, with addition of boiled poached eggs, raw or stewed oysters and wine jelly. Fourth and fifth days, as above, with addition of chicken, sweetbread, potatoes, and rice. Then gradually return to ordinary plain diet.

This last is not intended as an inflexible rule, but as a good general outline. We all know that all families cannot afford to buy oysters, chicken, and sweetbreads, for instance, even if they employ (often at great sacrifice to themselves) a first-class physician and a trained nurse. We are acquainted with all the varying degrees of luxury and economy, even to tactful makeshifts, which we find in the homes of our patients; and also we are well aware how many mothers of families, who would buy luxuries for sick husbands or children, are distressed at any unnecessary expenditures made for themselves in their illness. We must do the best we can, under widely differing conditions, but the underlying principle remains the same.

My own practice, based on nine years' work, is this: liquids and fruit juices only, until the bowels have been thoroughly moved; soft diet, including all cereals, with fruit, until the flow of milk is well established; then by easy stages I return the young mother to regular diet and by the time her baby is a week old she is eating practically everything. From this time on, she is served the regular family breakfast at the usual hour, at lunch time she has her dinner consisting of the dishes provided for the family dinner at night. This means that the cook must be asked to prepare small amounts of each article at noon, which makes some extra trouble, but it is easy to adjust matters perfectly peacefully with a little thought and tact. The supper takes separate dishes, but as it is purposely very light, its preparation is quick

and easy. Peace in the kitchen means comfort upstairs. Every minute which a nurse spends in establishing cordial relations with the maids, be there one or six, brings rich returns of convenience to herself and happiness to her patient.

The heaviest meal is at noon and the supper as light as is practicable; this brings the best sleep. I try to have meat eaten for both breakfast and dinner, and eggs for supper; but some women prefer eggs twice daily and meat only at dinner. Sometimes a woman is found who takes only bread and butter, fruit and a drink for supper, and it proves sufficient. Unless very objectionable, a quart of milk is taken daily, aside from meals. I gave up, years ago, the practice of giving hot cocoa at bedtime and in the night; it is unnecessary and is too heavy, the women sleep better without it, suffer less from flatulence, and the bowels are more easily moved. I encourage the mother to follow her natural appetite, if it be healthy, and not deprive herself of things she likes for fear of hurting the baby; pickles, condiments, salads, olives, vinegar are all spurs to an appetite which is apt to flag during the second week in bed and the fourth week upstairs. We all know what trying times these two periods are very apt to be; the appetite needs tempting in every way, and this is done much more effectually by tart or spicy foods than by the sweet desserts which most sane invalids despise. "An all 'round diet makes the best milk supply." Not once in years can a baby's crying be traced to anything the mother has eaten (please note that I say *traced*, not *credited*, there is a world of difference!). If he cries, a satisfying drink of hot water will keep him quiet and comfortable and help his bowels. So far from being evils, both the crying and the hot water are blessings which Master Baby needs often, and he is wiser than we in knowing when he needs them!

It is at about this period of convalescence that many obstetricians order a tonic or stimulant for the mother. These are well and good, but still better is it when all the details of the nursing care can be so managed that the nursing mother feels and shows no need for either. And usually it can be done. Plenty of fresh air in the room, by day and by night, is a better tonic than any that can be prescribed; while happiness, diversion, and interest in her baby and in things outside are a better stimulant than can come from the finest wine cellar.

The milk question comes in at about this time. If a normal woman be fed normally, she will have sufficient milk, if nature has intended that she shall have milk at all. As we know, many women are able to nurse only for a week or two. When the supply is waning, the flow

is best increased by increased use of all fluids, especially milk, cocoa, stout, and malt extract. When the point is reached where the mother is obliged to constantly flood her system with fluids in order to nurse her baby at all, her doctor (*most fortunately,* as I believe) will usually let her give up the attempt to nurse. It is far better for both that the mother should return to a natural diet at the table and the baby to a nourishing formula from a bottle.

Even more closely allied are the questions of food and cathartics. If the bowels are to be moved on the second day (see *a* above) fruit juices may be given from the very beginning in as large quantities as can be taken. Does not every obstetrician order a nightly cathartic, to be followed by an enema next day if necessary? And is there anything to which our patients object so universally, as these same enemata? By steady use of fruit, either fresh or stewed, with meals and at bedtime, I find that my patients seldom need enemata after the second day; while the nightly medicines can be much cut down from the beginning and sometimes omitted after the first week. Prunes and all canned or stewed fruits are helpful, all fresh fruit and berries are better, rhubarb in its season is invaluable, cereals, spinach, cream, honey, and salad oils are all to be remembered in the diet, and here also I want to call attention to good candy as a valuable aid. I encourage my patients to eat all the pure candy they will, from the beginning, especially chocolate in all its forms; and believe it aids both the milk supply and the bowels. Not many women will buy candy for themselves, but the husbands will take a suggestion, and the sweets are all the more sure of being eaten if "he" brings them in at night. Best of all for steady dependence and good results, are oranges and grape-fruit taken at bedtime. One squeezed orange in a thin or pretty glass is a help if no more can be afforded; but more are better; and all kinds of combinations can be made with grape-fruit, grape juice, oranges, lemons, and the syrup of stewed or preserved fruits of all sorts. Expense to the household and the ease or difficulty of obtaining fruit must of course be kept in mind. It is quite true that a bottle of medicine costs less than a steady supply of fruit, and with many patients this is the first consideration. But where we can, let us teach that it is better to buy fruit than drugs. A grape-fruit with one or two oranges, squeezed together with ice and a touch of sugar—how good it is to a thirsty woman, and how gladly she sips it in the progress of the evening's toilet! Next day both patient and nurse have an abundant reward—the former is spared a trying ordeal and the latter has proved herself a worthy disciple of Hippocrates, who bound himself to "follow that

regimen which is most beneficial to my patients." Remember the words of the gentle Dr. John Bassett in the last century, "Hippocrates was but our fellow servant, and we are but ministers of nature; our whole art consists in understanding her language and laws; our whole practice, in obeying her mandates; if we do not understand them, it is either our fault or our misfortune; to act as though we did is quackery."

A CONTINUOUS IRRIGATION APPARATUS EASILY CONSTRUCTED

AS DEMONSTRATED IN MT. SINAI HOSPITAL

By MARY E. THORNTON, R.N.

With one four-gallon glass jar, one eight-ounce bottle, two rubber corks, some rubber tubing, some glass tubes straight, Y-, T-, and U-shaped, a continuous irrigation, which flushes as well as irrigates, can be applied to three sinuses at the same time, and will need to be filled only once in three or four hours (instead of about every twenty minutes, as when only one tube is used). This has been demonstrated with great success in the children's ward at Mt. Sinai.

The large jar is placed upon the upper shelf of a transfusion stand, about four and a half feet high, the bottle is inverted under the upper shelf and strapped to one of the supports of the stand with adhesive strips. One piece of tubing held in place against the side of the jar and connecting with glass tube in the cork of the bottle supplies the air. Another tube extends from the cork at the base of the jar, connects with the T glass tube in the cork of the bottle, then is carried on to one of the supports of the stand, fastened with adhesives at a point where a U glass tube occurs, is carried on to the side of the crib, fastened to that with adhesive and then is fitted with a A glass tube. The forks of the A are fitted with rubber tubes and one of these is fitted with another A glass tube. These forks in turn are fitted with rubber tubes and glass tips, thus affording means of applying to three sinuses if necessary.

The U glass tube furnishes a point for observation and it is possible to regulate the flow by means of a clamp inserted just before the rubber meets the T glass tube.

With this little patient, as the leg was the affected member, it was suspended by gauze attached to sides of the crib, and a trough arranged with rubber sheeting connected with a pail placed at the foot of the bed.

CONTINUOUS IRRIGATION APPARATUS

NURSING IN MISSION STATIONS

(This department has a two-fold purpose,—to keep nurses in this country in touch with the work of missionary nurses, and to put missionary nurses in touch with each other, for an interchange of ideas, questions, and suggestions. All nurses engaged in mission work, of every creed and country, are invited to contribute to its columns.)

AN informal letter to the Mission Stations Department by A. Mae Peregrine, who has just returned from China on account of illness, gives glimpses of the work in several places there.

"The accompanying picture shows our hospital at Wuhu, China, situated on the Yangtse, three hundred miles from Shanghai. The houses below are the homes of our doctors and evangelist.

"The wife of Dr. Hart, formerly Miss Maddock of the Illinois Training School, is now president of the China Association of Nurses, organized last summer in the Kuling Mountains.

"Our poor old hospital built over twenty years ago at a cost of about two thousand dollars, is altogether inadequate to the present needs, and is crowded to overflowing.

"Our needs are many and varied, and each seems most imperative; an ulcer ward where we can put the cases which are a menace to others; a woman's building, where we can not only care for women who need medical and surgical attention, but where young women can be trained as nurses. And very, very much do we need a dispensary building. At present a room in the Gate House is used for the daily morning dispensary; an afternoon dispensary is held in a Chinese building in the city of Wuhu. Our hospital is two miles from the native city.

"I feel that many nurses would enter missionary work if they knew the great satisfaction which such service brings. However, I would not paint too bright a picture of the work and life in a foreign country; for the greatest joy is the result of great sacrifice. Of course that is just as true here in America.

"When I left Wuhu, there was no foreign nurse in the hospital. A letter received a few days ago tells me that Mrs. Wang, a Chinese nurse trained by Dr. Mary Stone at Kiukiang, was helping temporarily.

"I was enabled to see the work of several hospitals in China. During an illness last year I was nursed by Miss Albaugh, a graduate of my own training school, who is in the medical work of the Southern Presbyterian Mission at Kiangyin. I returned with her to her station. We made the trip of two hundred miles down the Yangtse River in a little

houseboat, and enjoyed some unusual experiences on the way. Dr. Worth is the only physician at Kiangyin. He has immense clinics—sometimes over a hundred patients a day—and also carries on the work of a hospital for male patients; by the time Miss Albaugh has learned the language, they expect to have a woman's building.

"In the summer I was a patient in the Kuling Hospital, a hospital for foreigners in the Kuling Mountains. It is in charge of Dr. Barrie, a Canadian physician, who is assisted by Miss Hawley, a graduate of Lakeside Hospital, Cleveland.

"I was there at the time the nurses of China formed an organization, but I was unable to take any part. I'm sure some of the nurses there have given a report of their meetings.

"As I returned home, I was a guest for a day of Dr. Stone, who is noted for her wonderful work as a surgeon. She also conducts an excellent training school for nurses. Her unusual skill, combined with her love for the women of her own country, and her winning personality, make her a favorite everywhere."

Dr. Alice Ernst, writing in *The Missionary Link* of the work at Jhansi, India, says:

"Of the eleven nurses in the training school at present, four are in the graduating class, four in the junior class, and three are probationers. During the past year we have been able to weed out those who showed unfitness for the work, and we feel that the girls we now have are the most promising we ever had. They show increasing interest in their work and studies, and altogether we are much encouraged.

"By means of the money obtained by our sale of fancy work, largely made by the girls themselves, we have been able to get some necessary furniture for the nurses' home, and they now have a bright, comfortable room for their classes and meetings.

"A new wing to accommodate eight nurses was added to our nurses' home during the year, the expense of which was entirely covered by a special gift from Government."

The Alaskan Churchman contains an article by Miss Emberley about the growth of the work at St. Matthew's Hospital, from which we quote at length:

"Even in the spring of 1905, when my service at St. Matthew's began, the hospital was very rude and incomplete. Wooden partitions afforded knot holes of observation for the curious from one room to another; rough floors defied our efforts at neatness, most of the beds, built of native lumber on the spot, were springless and provided only

HOSPITAL AT WUHU, CHINA.

with sacks of hay as mattresses and pillows; all the water we used was brought from the river in buckets, and all waste was carried away in like manner; our appliances were of the crudest, and we were in debt. The press of work was too urgent for much planning of improvements; the care of the sick and the injured who came daily to our doors occupied us to the exclusion of all other interests; and for months it was patient plodding, doing the best we could with what we had, thanking God for the daily strength that carried us through those strenuous times.

"In July of that year came the flood. The swollen and turbulent Tanana threatened for days the destruction of the town, and submerged a large part of it in several feet of water. Our hopes for help from the town in finishing the hospital building were dashed for that year.

"We had several gifts from 'outside' that summer, and so after all we were able to put up proper partitions and to lay a good floor in the hospital. When there arrived six good hospital beds from the disused Bishop Rowe Hospital in Skaguay, and four more, fully equipped from the Woman's Auxiliary of the home church, we felt well equipped, indeed. In November of that year the last dollar of debt was paid, and then we turned ourselves with thankful courage to the thought of finishing the building and adding to our equipment. Since then, we are grateful to say, we have not had to ask help from the Board, and, save for the salaries of the workers, have managed to meet our running expenses and from time to time to make improvements. The next autumn the first St. Matthew's fair was held, and the articles for this bazaar and the hospital linens, etc., which come from the Woman's Auxiliary, are practically the only gratuities which we regularly receive from the home church. Twenty per cent. of the work done at St. Matthew's Hospital is charity.

"In 1906 we had large plans for St. Matthew's. The camp had practically recovered from the set back of the flood, the mines were producing well, business was flourishing, and we began to hope that not only could the hospital be supported in the town, but even that a parish organization might be effected and the Bishop relieved of the expenses of the church.

"That year the ice went out on the 30th of April—an early summer—and we were full of joyful eagerness for all the activities of the open season when one afternoon in May we heard the shriek of the siren whistle and looked on while the whole of the business portion of our town burned in a few hours. Next day when the long-anticipated 'first boat' from Dawson arrived it was to find only blackened embers and smoking heaps of débris where Fairbanks had been. I said only blackened embers, but I was wrong; for already the unquenchable

spirit of the pioneers had re-asserted itself, and here and there a tent was open for business. . . . By a special providence it would almost seem, the mission escaped both flood and fire, suffering only indirectly from the effects of each. It was out of the question to expect help from the town that year, so we put aside our plans and turned ourselves to help where we could those who were worse off than we.

"Next year came the labor troubles and the money panic, and Fairbanks, struggling to recover from the disaster of the fire, seems never to have quite regained the prosperity of the old days.

"Through all these vicissitudes the work of the church and the hospital has gone on uninterruptedly, and St. Matthew's reading room has scattered good literature over the entire district. The three branches of our work have been so interwoven and become so interdependent that it is hard to consider them apart from each other. And gradually the work of St. Matthew's widened. Always the Indians had come with their babies for baptism, their young people to be married, or seeking help in sickness. But as time went on they came from farther and farther away, and they begged for a mission and for schools. And as we could we went about among them—the clergy, of course, most of all, but often one of the nurses would visit a village where there was illness and sometimes the sick were brought to the hospital for care. I shall never forget some of the Indian services held on the banks of the Tanana, the natives, eager and reverent, joining in the service in their own language and singing in their plaintive voices the hymns which had been translated into their own tongue. How eager they were for instruction, how simple and child-like their faith! The fruits of those early labors are seen in the now well-established Tanana Valley Mission with its chain of stations along the river. The more orderly villages, the clean and happy children, the English speech, and the improvement in morals bear testimony to the faithful work of the little group of missionaries along the Tanana.

"And what is in the future? The procession of gold seekers advances, halts, and passes on, but the church stands ever with welcoming doors open to all who seek her comfort. Year by year the bitter trail claims its toll of life and limb; day by day the danger lurks in the deep-driven tunnels of the mines; hardships and exposure constantly breed disease, and sin and wrong bring their relentless reward. Surely so long as these go on our hospital doors must stand wide. And the Indian? Year by year as the game retreats he wins a scantier livelihood from his hunting and fishing; year by year since the white man came has he sunk to lower depths of uncleanliness and vice. The redemption of his race lies largely in the gift of the church, whose guidance and protection must save him from degradation and annihilation."

FOREIGN DEPARTMENT

IN CHARGE OF

LAVINIA L. DOCK, R.N.

THE LOSS OF A GREAT LEADER

THE mournful news of the death of Miss Isla Stewart, matron for nearly twenty-five years of St. Bartholomew's Hospital, has just come as we go to press. A woman Greatheart has gone from us, and to all those who knew her the loss will seem irreparable. What she has been to the English progressive movement in nursing only those who worked with her can know. The grief of her friends and comrades is deep and real.

THE NURSING JOURNAL OF INDIA

THE *Nursing Journal of India* has made its appearance in most attractive and dignified guise, and will be warmly welcomed into the circle of professional journals. It is published by the Association of Nursing Superintendents of India and the Trained Nurses' Association of India, and represents the ardent and successful aspirations of a very public-spirited group of women. The editor is Mrs. Klosz, Akola, Berar, C.P., and the manager Miss J. W. Thorpe, Civil Hospital, Belgaum, Bombay Presidency. For the members of the associations the subscription is included in membership fees; from America the subscription will be $1.25 by postal order. Our alumnæ societies should all take it, for it is going to record history in the making of a most appealing kind, namely, the modernizing and outbringing of the women of India. The journal contains the proceedings of the superintendents' conference and other general matter of an interesting nature.

DR. HAMILTON'S THESIS

A MONTH or so ago we noted the appearance of a book on nursing which appeared in Italy, written by Professor Baccarani, and which had excited the joy and hope of all the progressive nurses in Italy by reason of its very advanced stand on nursing questions. It now appears that the author did not work out his views unaided as we had supposed, but that he drew his material from Dr. Hamilton's thesis, translating much of it literally. His book is indeed an Italian

arrangement of the thesis, but he did not make the source of his material plain in the first edition of his work. However, he must still be credited with advanced views in agreeing with Dr. Hamilton.

IRELAND AND IRISH NURSES

A BEAUTIFUL country is the Emerald Isle, the native land of so many good American citizens, and something about its coast line and atmosphere of a sweet summer day when the sun shines in the region of Dublin reminds one of Italy. There is the same dreaminess and melting quality, and in the old gardens to which Mrs. Treacy can take one by some sort of open sesame there is a marvellous luxury of leafage and bowers of the plants of all seasons and all countries, so it seems, with walls and parapets of yew that can compare with any of Italian fame. Dublin is a very fascinating city, of an old-fashioned severe exterior with its straight walls of houses built in the latter part of the eighteenth century, which show within such noble features of space and line and beautiful decoration. One is surprised to find these old mansions revelling in rich Italian handwork in marble and mosaic and plaster, and learns that the aristocratic society of that age imported numbers of skilled Italian artisans into Ireland to decorate their homes. Some of these fine old houses are now turned into hotels, private hospitals, visiting nurses' homes, and other more or less communistic establishments. The Catholic Sisters manage a hospital which they have developed by altering slightly several of these lordly dwellings and building on new corridors and operating rooms, while wisely leaving all the characteristic features of the decorations. They are of wonderful charm, and are much sought by artists. The Sisters, who show the whole place with the utmost bonhomie and kindness, say there is almost always some one's easel sitting in front of a door or mantel. The two groups of the Queen's nurses also inhabit fine old mansions, which seem to take very kindly to modern conveniences.

The hospitals of Dublin also possess a special and unusual variety of attractions. They are of all kinds, old and new, and the old ones recall in many of their features the hospitals of the French provinces, with their red brick tiled floors, massive walls, courts, and arcades. What is quite unique in these older Irish hospitals is their abundant use of rich strong color. As the weather is never really hot, and the skies are much given to pouring down a copious rain, the gray clouds of wetness being supposed to lie near a streak of moods and temperament in the Irish character, this unusual coloring of Indian red, dull rich yellows, and warm blues that is encountered, in corridors especially, has a most pleasing effect and gives the impression of personality.

It would take more than my space to speak of the specially interesting points of all the Dublin hospitals. But mention must be made of the Steevens Hospital, whose foundress looks down from an old portrait in the dignified board room. Much quaint history is embodied in this delightful old place, and one of the medical staff pursues the hobby of collecting hospital history, old prints, documents, and records. Incidentally one would give her steamer ticket to steal the chairs in the board room. Of the new and modern hospitals a charming example is the Royal Victoria Eye and Ear Hospital, which is quite perfect in its planning, equipment, and details. The Rotunda is also very admirable. For private hospital patients nothing could be more serene, hospitable, and comfortable than Elpis, the place of hope and cheer and of good things to eat, and for convalescents there are a number of lovely country homes, of which we visited one hidden in beautiful gardens of fruit and flowers.

The Irish matrons form a very striking group. I include in them Miss Huxley, who is really English, but who has been identified with Ireland for twenty years, and Miss Lamont, who is Scotch. Great harmony and a pleasant sociable intimacy prevail between the nurses of Dublin; they seem to be one big family, matrons and sisters and nurses together. I remember several delightful gatherings, when nurses sang the old songs of the country with moans in their voices, and danced the jigs and reels with jollity in their heels, and with most bewitching peasant costumes of red petticoats and kerchiefs and shawls upon their persons. In the evenings they can go to one another's institutions without hats. This, I do not know why, always seems the perfection of informality. Witty and keen, humorous and spirited, progressive and afraid of nobody, the Irish matrons of Dublin stand together unitedly in advancing the standards of modern requirements, and their nurses are loyal and ready around them. Humbugs, like Mr. Burdett, or benefactors, like Mr. Holland, get little glory in Ireland. Nor must I fail to mention the very brotherly and helpful attitude of the Irish doctors toward the women.

The Irish Nurses' Association has always been prompt to the instant in resisting or opposing the various counter-attacks that have been met in the long struggle for registration, and it is now making an active effort to have every nurse in Ireland join the association, with the watchword "Guard the Interests of Irish Nurses." This has resulted from the attempt that was made some time ago by political influence (but why, is partly a mystery) to leave Ireland out of a registration act for Great Britain. With this intention, the fees have been lowered to a minimum rate, and the executive committee, comprising all the

matrons of Dublin and Miss Hannan of Belfast, have issued a call to every Irish nurse to join in making the association a United Nurses' League of Management and Self-defence. The organ of the association, the *Irish Trained Nurse and Hospital Review*, appears monthly, and is well edited by a committee. Its mailing address is Printinghouse, Dublin, and our alumnæ associations should take it for their libraries with other foreign papers. Its title, by the way, is printed in the old Celtic lettering.

A little bit of Belfast, with a remarkably pretty new hospital which I hope to tell of a little later, and a most interesting glimpse of rural visiting nursing in the country and villages which was given me by the kindness of Lady Hermione Blackwood, made the all too short itinerary in Ireland complete. It would take a whole summer to see the west coast, where the Queen's nurses work in the stone cabins, and to go south to the country where Miss Brodrick, the last time I heard from her, was fighting a whole epidemic of measles single-handed, and to see the ancient towers (a replica of one of which stands at the grave of O'Connell), to say nothing of the scenery. Meantime, in the museum and libraries of Dublin one gets a very fascinating glimpse of the ancient glories of Ireland;—enough, at least, to make one want more.

L. L. D.

NEWS FROM FINLAND

In the *British Journal of Nursing* we read the important bit of news that Finland is moving toward state registration. The nurses' association has the support of the medical board and the regulations it has framed are now before the Senate. They will finally go to the Emperor of Russia to be approved. Mme. Mannerheim writes:

"The new regulations mean a two years' curriculum of training preceded by a three months' preliminary training, a state examination, followed by the entry of the names of nurses in a state register. It means also higher fees for nurses in the Government hospitals, whose example will, of course, before long, be followed by all the private and town hospitals. It means additional fees after 10 and 15 years' service and a pension at the age of 50, after 20 years' service, when a nurse will get the whole of her first appointments yearly. To us all this seems too good to be true. We certainly would have liked to get the three years' training, but I think this would have seemed such an impossibility to the authorities that we would then scarcely have got anything. Now we shall work towards that goal, and we shall certainly reach it, and in not a too distant future either.

"What has to me been nearly the most wonderful part of it all is that we have nearly all the medical world on our side. In the com-

mittee which worked out the new regulations there were only two nurses to four doctors, and the medical board, when passing the regulations, voted higher fees and pensions than we had dared to ask for.

"When I think of the opposition all things touching the bettering of nurses' conditions have met with in many countries, it makes me feel undeservedly happy in Finland in that respect."

ITEMS

THE matrons of Scotch hospitals are forming a matrons' association.

INVITATIONS of a personal and informal character have been sent to all the foreign Councillors and Officers of the International Council of Nurses to come to the meetings of our national societies, both of which will be held in New York at the end of May.

SISTER AGNES KARLL has credited the authors of "A History of Nursing" beyond their deserts by writing in the *German Nurses' Journal* that the two first volumes of history are also to be sold for the benefit of the International Council treasury after the initial cost is made good. This is a mistake, good Sister Agnes. The third volume is indeed to be sold for the International Council, entirely, and may be bought separately from the two first volumes, so that we hope to have a little income flowing in. The two first volumes will probably do no more than pay for themselves, if that. The third volume is pretty well under way.

A LETTER from Russia in *Jus Suffragii* for February has the following very interesting paragraphs:

"In December there were two congresses held in St. Petersburg, one of neuropathologists, the other of anti-alcoholists. The former passed a resolution stating that the cause of the psychical depression of women is often their political disability, and it is very difficult to combat illness in general without the help of women. To obtain their co-operation they must be enfranchised and be made responsible citizens. The second congress, although not always polite to the ladies present, passed the following resolution:

"This congress is of opinion that, to combat alcoholism successfully, women should be enfranchised, and that habitual drunkenness of the husband should be considered a sufficient cause for divorce."

IN *Nosokomos* for February 9 we read of a most tragic occurrence in the Rudolf-Virchow Hospital in Berlin,—a hospital only a few years old, and which is the last word of science, magnificence, and completeness among new German hospitals, in every respect except one, that is, the arrangement of the work of the women who work in it under

the direction of a hierarchy of medical men. Briefly, three nurses were recently dismissed for having taken some roast fowl from a patient's portion. The head nurse, a faithful and most hardworking woman, was so chagrined by the reprimand administered to herself that she committed suicide. In the inquiry that followed it was found that the hours of work for the nurses overpassed every limit of human endurance, and that they actually had not time enough to eat, as not only were the hours long, but the service most burdensome, for there were never enough women to do the work. Ravenous with hunger and fatigue, to steal a bite on the fly was really the only self-protection open to them at times.

We have heard Sister Agnes speak of the reactionary attitude of the powers that be in this hospital. No matron or superintendent is at the head of the nursing staff, because the doctors will not tolerate the presence of a woman who has any authority to protect the nurses against their imperious rule. To kill one set of people in curing another does not seem an intelligent thing for these men, who stand foremost in scientific knowledge, to do. We have made this criticism before about the German doctors, and hope that the force of public opinion will compel them to place a trained woman head in charge of the nurses in this otherwise perfect hospital.

THE first number of a new Holland journal, "The Hospital" organ of a society for advancing the standards and interests of hospitals has reached us. It is a thoroughly professional and dignified publication, well printed and illustrated. It will concern itself with the building, furnishing, medical service, organization, administration, and technical details of hospitals.

IN pursuance of the resolution passed at the London Congress, the secretary of the International Council of Nurses has sent letters to the presidents of national societies asking them to form standing national committees to carry on the propaganda against venereal disease. Great Britain's committee is formed with Miss Albinia Brodrick at its head. All will be gratified that so capable and earnest a chairman has undertaken this work. In the other countries the subject is being brought forward. The Danish *Tidsskrift* for February and Dutch *Nosokomos* have published articles on venereal diseases. In the United States a medical woman on the committee has compiled a list of instructive literature, much of which is contained in current medical journals. This is distributed to training-school superintendents and alumnæ associations.

DEPARTMENT OF VISITING NURSING AND SOCIAL WELFARE

IN CHARGE OF

HARRIET FULMER

THE PART OF THE DISTRICT OR VISITING NURSE IN THE SOCIAL WORK OF TO-DAY

By MABEL JACQUES

In charge of Tuberculosis Class Work, District Nursing Association, Buffalo, N. Y.

It very often occurs to me that, even among professional nurses, there are few who appreciate the exact scope of the district or visiting nurse. There appears to exist an idea that the duties of the nurses of the district nursing associations consist in visiting from house to house, attending to the physical needs of the patients referred to them, carrying out any orders that the physicians may give, and arranging perhaps for patients to be sent to the hospital if it seems best. But at this point it is often thought that their work ceases.

Let us consider the qualified district nurse, and the manner in which she receives this qualification. Primarily, she must be a fully trained graduate nurse; possessed of such previous knowledge, she begins her career in district work by applying to one of the representative associations for a position on its staff, and passes through the necessary preliminaries, such as presenting letters from her hospital superintendent, filling in an application form, etc. She finds the situation far different from that of the institutional life to which she has been accustomed, or to that of private practice if she has been so engaged. Instead of the well-regulated institution or home, she finds poverty, shiftlessness, and a low order generally of social conditions. She realizes quickly that it is impossible to remedy the physical ailments brought to her notice without also trying to elevate the deplorable situation surrounding her patient. Therefore, hand in hand with the treatment of the patient goes also the reconstruction of the family.

Perhaps you ask how this nurse, well trained as she may be in her

own profession but lacking in any academic training in sociology, can be prepared to undertake the solving of these very difficult questions? At the outset of her career she is most certainly not able to take any active part in the settling of the weighty matters which come to her notice; neither is she able to see quickly the method which it seems best to pursue in dealing with each particular case. It takes months and months of experience and investigation, months which may be full of heart-breaks and disappointments, but at the end of which she finds herself in close touch with the lives of the people amongst whom she works. It means the careful studying and comparison of various family problems, proper and careful association and co-operation with other organizations, both social and medical.

After a period, the duration of which must necessarily be regulated by the amount of work the nurse must accomplish, her patience, power of endurance, and adaptability to the work, we have not only a trained nurse but a trained district nurse, who is fully versed in her own profession, and is likewise a social worker who understands comprehensively the family problems with which she has to cope.

There are many nurses who are not adapted to this particular form of work and will never become district nurses in the true sense of the word, because they cannot feel in sympathy with their work and are unable to enter heartily into their duties.

Most of our visiting or district nursing associations throughout the country have at their heads progressive, energetic women who have had this training, and are able in their turn to train those under them. Any conscientious woman before undertaking the management of work of this kind should appreciate the importance of this previous training. Many superintendents have sacrificed their time, money, and health toward fitting themselves for such a position, upon the proper conduct of which depend the lives and future of so many families.

If these ideas were carried out and emphasized by the managers of the various district nursing societies throughout the country in their selection of a superintendent, we would have an army of well-trained district nurses playing a most important part in the social welfare of our great nation; women fully prepared to cope with the great family problems which confront the world, prepared to carry on the most perfect co-operation with the trained social worker connected with other organizations, and through this co-operation promoting doubly the physical and social welfare of the vast number of families who need readjustment and elevation toward that strata of civilization for which all those interested in the welfare of the community are working.

WHILE desiring and working constantly for higher pay for the visiting nurse (who is becoming known as a social worker), I feel that Miss Cannon has expressed the keynote to the real handicap to bring disease being such that it often affects the financial and general living conditions of the family. Quite frequently the theoretical solution of the problem from a socialistic standpoint, which under general conditions would be carried out, must be set aside, in order to prevent the development of the disease among other members of the family.

['The new course at 'Teachers' College, brought about by the generosity of Mrs. Jenkins, is going to meet just the need referred to by Miss Jacques in this article.—ED.]

ITEMS

WHILE desiring and working constantly for higher pay for the visiting nurse (who is becoming known as a social worker), I feel that Miss Cannon has expressed the keynote to the real handicap to bring this about when she says our ranks are not prepared to demand this because of lack of knowledge of social problems by the average nurse. Within the month twenty organizations have asked the Chicago Association to fill positions paying salaries averaging from $80 to $100. In an interview and by correspondence with more than forty nurses there was only one who gave any evidence of fitness for the positions or a desire to become fit. This, as Miss Cannon says, may be partly because the social service nurse is a new thing, but I feel that it is also the lethargy and indifference on the part of our women to make themselves fit to earn the $100 a month which should be the average wage instead of the exceptional one paid for this service, and the only reason the demand is larger than the supply is the fault of the nurse and in but few instances the fault of the governing boards that control the salary question. Five societies recently, which I have had the privilege of taking part in helping to form, have been willing and ready to pay from $85 to $100 for a visiting nurse with the right equipment and yet it has been most difficult to find the right woman. Many of the social service positions given to lay workers ought to be filled by women of our own profession. I should be glad to know why we are not able to do this, when we have a vast army to draw from, compared to the lay social worker.

H. E. F.

[WE should like to suggest that boards of managers willing to pay sufficiently high salaries to attract competent workers should try advertising in the JOURNAL. As a comment on this let us quote from a letter

just received at the JOURNAL office: "Miss —— told me she had great difficulty last autumn in getting suitable nurses for her tuberculosis work, and wrote me in despair. She was advised to advertise in the JOURNAL, and tells me that the result has been to place her work upon a stable basis. She had between sixty and seventy letters very soon asking for information, and enough good applicants to meet her needs. Letters came from San Francisco, Chicago, New Orleans, North Carolina, Virginia, Baltimore, and New York."—ED.]

A VISITING NURSE FOR DUBUQUE

THE Visiting Nurse Association of Dubuque has called Jessie M. Keys to that city to inaugurate the work of visiting nursing. Miss Keys has had a wide experience as a visiting nurse in Chicago and Peoria, and later as chief probation officer for the Juvenile Court at Columbus. Dubuque is fortunate in having its new work started under her auspices.

The Visiting Nurse Association has been started largely as a result of the efforts of the Registered Nurses' Association of the city, which for two years has been endeavoring to educate public opinion to recognize the need of such work.

The predominance of male over female mortality from tuberculosis has been noted at the Phipps Institute and is interestingly discussed. In all countries where there has been a reduction in the death-rate from tuberculosis, this reduction has been more marked among females than among males. Dr. Flick suggests that one reason for this is undoubtedly the greater mortality from tuberculosis recognized to exist everywhere among tobacco users and alcoholics, for smoking and drinking are largely male vices. The predisposing influence of hard labor both on the acquisition of the disease and its persistence tells against males. Another factor favorable to women is their greater cleanliness. They do not reinfect themselves; besides, women take more kindly to the modern ideas of prevention of tuberculosis. One reason, however, for the apparently greater mortality from tuberculosis among adult males than among adult females is the fact that under twenty-one, females are less capable of resisting the disease; at this age more of them succumb than of males. This fact vitiates the statistics of later life somewhat.—*Journal American Medical Association.*

NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

ELISABETH ROBINSON SCOVIL

IS THE ROUTINE EXHIBITION OF THE PRE-OPERATIVE PURGE DEFENSIBLE?—The *New York Medical Journal*, in an extract from the *American Journal of Obstetrics*, says: Walker answers this question by stating that purgatives can do harm and should only be given when indications are clear. He thinks the routine methods now in common use should be abandoned and that the laity should be taught the evils of the purgative habit, by precept and example. He thinks that purging all patients as a preliminary to surgical operations is both unnecessary and injurious, as they are thus made uncomfortable, and weakened, while germ activity in the intestines is stimulated, thus increasing the possibility of infection. There is also a greater tendency to post-operative tympanites. A suitable diet for twenty-four hours or more, and fasting for twelve hours before operation, puts the intestine in the best possible condition for such an experience, unless obstructive lesions are present and in such an event purgatives are worse than useless. In rare cases of mild fecal stasis a purgative several days before operation, followed by enemata, may be of service.

A NOTE ON POSTPARTUM HEMORRHAGE, WITH TWO QUICK WAYS OF MEETING IT.—The following from the same source is of interest: Stewart's conclusions are the following: 1. This term should only apply to the loss of 1000 c.c. of blood after delivery with blanching of lips, air hunger, and pronounced pulse symptoms. 2. A good preventive is to allow the mother to rest undisturbed forty-five minutes after delivery of the child. 3. Hemorrhage several hours after delivery may be checked by the administration of an ounce of vinegar by mouth. Should this be ineffective a hypodermic injection of a similar quantity into the uterine wall will be indicated. 4. A Rose bandage will prevent recurrence of bleeding after it has once been checked. 5. Threatening or existing hemorrhage at the completion of labor may be forestalled or checked by the application of chloroform to the interior of the uterus. This is much preferable to the preparations of iron.

HUMAN HAIR SUTURES.—In the *Journal of the American Medical Association,* F. B. Guthrie and C. C. Guthrie suggest the use of human hair for sutures for vascular anastomoses. Light brown hairs of medium fineness, about eight inches long, were tested as to tensile strength and found to be stronger than the silk previously employed. Experiments of reuniting the severed carotid and the carotid and jugular veins in dogs were successful, the healing being rapid.

ACETONE ALCOHOL AS A DISINFECTANT.—The *New York Medical Journal,* quoting from a German medical contemporary says: Von Herff declares that equal parts of acetone and alcohol are the best disinfectant known for the skin and the operative field. For the past two years he has used it exclusively, as described below, without any previous preparation such as sublimate dressings or scrubbing with soap and water, even about the vulva. The dry skin is washed for about five minutes with the acetone alcohol solution with a piece of flannel. The excess is sponged off and a protective dressing placed about the operative area. In vaginal operations, the vagina is washed out with a 3 per cent. solution of iodine in alcohol, because the vaginal epithelium does not bear rubbing well and because it contains no fatty substances to be dissolved. In the year 1908 he had but two mild infections of the wound. Von Herff says that the bacteriological as well as the clinical test is so perfect, and the method is so simple, that he cordially recommends it.

PURE POLONIUM ISOLATED.—The announcement is made from Berlin by Professor Lipmann that Madame Curie, of Paris, the discoverer of radium, has isolated polonium, a new element possessing a radio-activity superior to that of radium. This is reported as being the pure element which Madame Curie had formerly obtained in an impure state, and given the same name. It is reported to have four hundred times the radio-active power of radium.

PHYSIOLOGICAL DECREASE OF WEIGHT IN INFANTS.—The *New York Medical Journal* says: Hirsch considers that the decrease in weight observed in infants is only apparent and is due in great part to the loss of the meconium, slightly to the breaking down of albumin, and the evaporation of water through the skin. With sufficient nutriment the weight at birth is regained on the eighth day, if the child is healthy.

TREATMENT OF RINGWORM.—The *Medical Record* has the following from the *British Medical Journal:* E. L. Jenkins says that the use of the X-ray is in the country often unavailable or impracticable. In dealing with pediculosis in his hospital wards he always uses the essential oil of sassafras, which he regards as a specific. When both pediculosis and ringworm existed in the same scalp, the latter disease also appeared benefited. This led him to try the remedy for ringworm alone. So far the results have been most effective. The hair is cut closely around in order to identify the patches, and the oil is applied twice a day by means of a camel's-hair brush. This treatment is continued a few weeks or so, as the case may indicate. No irritation is produced, and the application is pleasant to use. Not only is the spread of the affection prevented, but the fungus is destroyed with certainty in two or three weeks, this certainty being recognized by the development of fine new hairs.

CURRENT LITERATURE OF INTEREST TO NURSES

Medical Record, February 5, "Local Anæsthesia in General Surgery," W. S. Schley, M.D.; February 12, "Six Cases of Pneumonia in the Aged, Treated with Pneumococcus Vaccine," Henry A. Craig, M.D.; February 26, "Treatment of Carcinoma with the Body Fluids of a Recovered Case." *New York Medical Journal,* February 5, "Enuresis," F. L. Wachenheim; February 19, "Some Dietetic Points in the Home Treatment of Tuberculosis," Howard S. Anders, M.D. *Journal of the American Medical Association,* February 19, "Alcohol as a Poison," T. D. Crothers, M.D.; "Migraine," Sidney Kuh, M.D.; "Chilblains," "Frostbite;" February 26, "Infant Mortality," L. Emmett Holt, M.D., "Plea for the Establishment of an American Association for the Prevention of Social Disease," Lawrence Litchfield, M.D., "Pneumonia;" March 5, "Nitrous Oxide Oxygen Anæsthesia by the Method of Rebreathing," Willis D. Gatch, M.D. *The Survey,* February 19, "Garden Plots for Institution Inmates," Bolton Hall, "State Care of Inebriates," three papers by Bailey B. Burritt, William Mabon, M.D., and Albert Warren Ferris, M.D., "Ready-Made Lectures on Tuberculosis," Frank H. Mann, "The Red Cross at the Cherry Mine"; February 26, "Back Strain and Foot Strain," Harlan P. Cole, M.D.; March 5, Read the whole number; excellent articles on venereal diseases, fresh air schools, tuberculosis tenements, infant mortality, and alcoholism. *McClure's Magazine,* March, "The New Anæsthetic—Stovaine," Burton J. Hendrick.

LETTERS TO THE EDITOR

[*The Editor is not responsible for opinions expressed in this Department.*]

ENTERTAINMENT FOR SICK CHILDREN

DEAR EDITOR: May we have in the JOURNAL a paper on "Entertaining Sick and Convalescent Children?" What different amusements are there, aside from stories, cutting paper dolls, and the like? GRACE V. BRADLEY.

Omaha, Nebraska.

[Here is an opportunity for superintendents and head nurses of children's hospitals, and for private duty nurses who are successful with children, to share their ideas. A number of short papers or paragraphs would make an interesting and helpful symposium on this subject.—ED.]

PRIVATE DUTY FOR PUPIL NURSES

DEAR EDITOR: I should like to know through the JOURNAL if a hospital is justified in sending pupil nurses out on private cases with a plea that their fees are necessary to help maintain the hospital? Do you think the hospital is doing its duty to a pupil nurse, allowing her to miss classes and lectures? Also, do you think the hospital authorities are justified, after procuring three best years of a nurse's life, in taking her work away after graduation?

R. M. K.

"THE IDEAL NURSE"

DEAR EDITOR: The following extract from "The Ideal Nurse" by Rebecca H. McNeill, R.N., struck me forcibly, probably because it pictures so well the life of the private nurse: "Unless a nurse is prepared for a life of untiring effort and disappointments, discomforts or deprivations, countless sacrifices of time, talent, and inclinations, unless indeed able to suppress her own heartaches, and to give herself bravely and brightly to the work with patience, enduring all things, and with faith, hoping all things, I would beg of her to hesitate before choosing as her mission in life that of a nurse."

The private nurse realizes that this is her straight and narrow path if she would make a success of her work, but the would-be probationer has rarely any conception of what will be required of her should she enter the profession. It occurred to me that it might not be an altogether unsuitable quotation on application blanks for training schools, thus briefly acquainting the applicant with what may be required of her. S. K. K.

OPERATIONS ON MALE PATIENTS

DEAR EDITOR: May I ask M. M. of the February number why she feels the way she does, as regards operations on male patients. From the professional point of view is a man any different from a baby or a young boy? Is it not the thoughts of the individuals that make the difference? I have found that too often those nurses who are apparently such sticklers when it comes to

male patients, think very little about the feelings of their own sex in such cases, not even when young students are acquiring practical knowledge from exposure of female patients. In fact, I have known nurses to smile at what I would consider rather coarse remarks, at such times.

I fully believe that nurses should be trained to look upon the human body of either sex in such a way and to become so familiar with it all that the term "screen" would become obsolete. As I see it, there is no reason why a true nurse should think any more about seeing an operation where the genital organs are exposed than she would upon seeing an operation on the eye.

I have taken care of a great many male patients in my private practice. If one required to be catheterized I catheterized him. If a tub bath was necessary for the patient's welfare I gave it. If he required the urinal and could not adjust it on account of hands or arms being useless for the time being, I adjusted it and at no time did I find that they minded it any more than my female patients did when I had to do the same for them; in fact, not as much as some of them did. I also found that instead of decreasing the patient's or doctor's estimation of me it increased it. When I had any of the above to do I got everything ready and then told my patient, at the same time appreciating his sensitiveness the same as I would one of my own sex.

M. J. W.

BETTER NURSING FOR CHILDREN IN PUBLIC ORPHANAGES

DEAR EDITOR: A few years ago, having charge of a hospital in one of these institutions, I came to know just how necessary it was that a capable nurse should be placed in every such institution. For instance, in the orphanage with which I was connected, sheltering some two hundred and fifty children, having a large farm, and where conditions should have been ideal, I found all buildings, with the exception of the hospital, in a most unsanitary condition. Dormitories were infested with vermin, as were the children; water closets were never properly flushed; stagnant pools of water were standing on the campus, and this in a part of the country where malaria runs riot.

Naturally the little hospital, of some twenty-five beds, was always well filled with cases of malaria, typhoid, scarlet fever, and diphtheria, not to mention numerous other diseases common among children. There were also many accident cases. Altogether, conditions were such as to make the soul of even a well-seasoned nurse quail, and recognize her inability always to cope with the situation. By far the greatest difficulty was encountered in trying to better hygienic conditions, when resistance was met at every turn from ignorant and old-fashioned matrons. One was even found feeding sweet potato to a year-old baby to correct diarrhœa! Innumerable cases of just such mismanagement were of common occurrence.

The point I wish to emphasize especially is, that, though provision is made by the state for the service of a graduate nurse, it was recently brought to my notice that the authorities had dispensed with such service and had installed in the nurse's place a slip of a girl, an inmate of the institution brought up under the most unhygienic teaching, with absolutely no hospital training. This young girl, with the help of mere children, was caring for serious cases, preparing for and assisting at minor operations and even amputations, at which no nurse was present.

If such conditions prevail in one institution which is fondly supposed to be a model one, are there not probably others? Now that the combined efforts of the nurses and the women's clubs are influencing legislation for the betterment of conditions in almshouses, why cannot something be done to enforce legislation which has already been enacted, in behalf of the children who are cared for in separate institutions? M.

A SUCCESSFUL CENTRAL REGISTRY

DEAR EDITOR: As the subject of establishing successful central registries seems to be one that is taking up the thought and time of nurses and nurses' associations all over the country, I should like your many readers to know what the nurses of Kansas City have done along this line.

The Kansas City Graduate Nurses' Association established a central directory last July; from the beginning it has been self-supporting. The directory is in charge of an experienced registrar and is governed by the executive board and three members of the association (nurses doing private duty). The registrar receives a salary of $75 per month.

At the end of our first six months we have not only regularly paid the salary of the registrar, but all bills for telephones, printing, and current expenses have been paid and we have a balance of $38 in our treasury; this does not mean the treasury of the association, for the finances of the directory and association are kept entirely separate. Both nurses and physicians unite in voting the central directory a success.

From the beginning we have had the earnest and loyal support of the superintendents of the various hospitals and training schools. The nurses have put school feeling aside, and have worked nobly for a common cause.

When plans for the central directory were discussed, it was voted by the nurses to make the directory fee sufficient to enable the directory to be run in the most efficient way possible. A fee of $10 per year, payable semi-annually, was voted. It was also voted to devote any surplus over and above running expenses to the establishing of a benefit fund for sick members.

To be eligible to the directory privileges, a nurse must be a member of the Kansas City Graduate Nurses' Association. We have 222 members in the association and a directory list of 125. We have averaged 125 calls per month. Our out-of-town calls are steadily increasing.

We trust that our small measure of success may encourage those who hesitate. MENA SHIPLEY, R.N., Secretary.

PRIVATE DUTY PROBLEMS

DEAR EDITOR: I have proven to my satisfaction that in caring for my patients during the day, they do remarkably well as a rule. I have also proven that if I keep myself in good condition by coming home to sleep in a good bed in a comfortable room, and by getting my morning bath and a good breakfast (the living even among the rich in this country is not always what would be called good for a person who works, in your country) that my work is not so arduous and that the patient does better. As I compare the patients cared for in this way with those equally as sick for whom I have cared in the past, I can see that they did not do nearly as well when I was not working under

hygienic conditions, or attempted doing more than twelve hours' work, or worked at night when alone on a case.

I presume the training of nurses has so advanced that pupil nurses who require education in personal hygiene receive it. But I can recall, during my training, nurses whose teeth were so covered with tartar that I doubt if they possessed a toothbrush, and nurses going to the bathroom barefooted, whose feet looked as though they had not recently been bathed. Is it possible that a nurse's body, enveloped in what is unclean, could carry a mind of good quality? Doesn't it seem necessary that, for the good of the profession, the probationers or pupil nurses should be taught that a daily bath and physical cleanliness are necessary for their health?

And when a nurse finishes her training, would it not be for the good of the profession to teach her, as a lesson committed to memory word for word, that if she is to do private nursing she should locate herself where she can have a warm room in winter, a daily bath in a warm bathroom, good food, and hygienic necessaries when at home; and to stipulate that her room shall be cared for, that she may use her energies in mental diversion when off duty, or her time in rest.

In my observation I have also learned that many families having nurses keep uppermost in their mind the idea, "How much work can I exact from this nurse?" To offset this could a nurse be taught that the uppermost thought in *her* mind should be, "The best good of my patient." She should *know* that the physical and mental condition of her patient is what it should be; and that takes plenty of careful thought. Then, if the family be a poor one, she can attend to the sweeping and dusting of the room or make a special effort to do so. But with people of means why should the room not be cared for by the servant when the person is ill as well as when he is well? The nurse can see that the servant cares for the room as noiselessly as she. Why should the servants do any less when a nurse is in the house? Is there not sufficient for the nurse to do, if she secures "the best good of her patient" without lightening the work of the servants? The nurse's duty is distinct from anything that any one else can do. It requires discrimination and insight to know when to do such things as caring for the patient's room and when not to. To care for the room when there are servants and where the family has the idea "how much work can I extract from this nurse" is harmful to the profession.

If a nurse is conscientious in caring for her patient, it is reasonable to infer that the better care the nurse receives, and the less that is unnecessarily put upon her, the better care the patient will receive. EDITH C. HUNTINGTON.

A PRAYER FOR NURSES

DEAR EDITOR: The little prayer I send was read to my class when we graduated, and was taken from a volume called "Prayers for all Occasions." I do not know the author.

"Be gracious Lord to those who watch by the sick. Give them skill to perform their duties, sympathy to relieve the suffering, strength to bear with their infirmities, and grace to show in the blessings of Thy discipline. In darkness give them the light of Thy holy presence; in temptation, Thy guardianship; in emergencies, the assistance of Thy holy angels. When they cannot join in the public offices of the sanctuary, help them to join with all Thy

saints in the unity of the Spirit, that in the consciousness of Thine acceptance they may experience the power of Thy support, through Jesus Christ our Lord. Amen."

L. N. H.

RED CROSS NURSING AND CENTRAL DIRECTORIES

DEAR EDITOR: In your editorial in the March number on the subject of Red Cross Nursing and Central Directories, the statement is made that "Developments seem to show that Red Cross nursing service and central registries governed by nurses for nurses are inseparable."

The fact that so few central registries are in existence in the United States would seem to indicate that nurses themselves are not all of the same opinion as to the desirability of having them established. Therefore, it seems to me to be ill-advised "during this difficult period of organization" to handicap the work of building up an effective nursing service for the Red Cross by making it in any way dependent on the promotion of the central registry idea.

BEATRICE STEVENSON.

INFORMATION NEEDED

DEAR EDITOR: I am wanting information regarding a course of instruction in orthopædic nursing for graduate nurses. I should prefer a western hospital.

I thoroughly enjoy my AMERICAN JOURNAL OF NURSING, it is of assistance in many instances. Dr. Potter has my sincere thanks for her article in the March number.

A. C. B.

[Replies may be addressed to A. C. B. care the editorial office of the JOURNAL.]

PRACTICAL APPLICATION OF JOURNAL ARTICLES

DEAR EDITOR: The article on lunches some months ago was very pleasing to me, as since my marriage I have had to put up lunches for my husband. He sits all day and is under great mental strain, and it was a problem with which I felt unequal to cope, to make his luncheons dainty, nourishing, and easily digested, and still have variety.

Now comes this month's magazine with the article on "The Hygiene of Menstruation." People have accused me of wilfully abusing my health at that time because I would bathe and change clothing. It is astonishing how deep-seated that belief is, even among well-educated people; also that too much bathing is not good for the parturient woman.

Miss McIsaac's articles on "Household Hygiene" helped me convince my husband that we didn't want a great mass of decorated furniture and bric-a-brac and lace curtains to accumulate and hold dust, and that polished floors with rugs were cleaner than carpets.

Wishing you much success this coming year in every way.

J. M. H.

FORCED FEEDING OF POLITICAL PRISONERS

DEAR EDITOR: I am a subscriber to the JOURNAL, and am interested in the article of the March number on the feeding of political prisoners in England. I am an English nurse and would like to say I am not in sympathy with the prisoners when it becomes a matter of life or death.

What is the government to do? Because women refuse to eat and are acting insanely, is it to let the prisoner die? and so cause greater "scandal."

The object in itself may be well worth suffering for, but cannot be very heroic in causing notoriety. It seems like a naughty spoiled child.

I believe in woman's rights to a certain extent, for we all know in some cases women can work better than men, but I do not and cannot believe that those rights are even desirable if they cause women to lose their dignity and womanhood in refusing food and being brought into such prominence. There can be nothing "craven" in ordering persons to be fed when they are not in a condition mentally to decide for themselves, and I am astonished that a nurse, especially, should try to live without eating, particularly to accomplish the object she has in view.

I am ashamed for some of my own countrywomen in raising such commotion, —as much as we may want the suffrage, they certainly do not assume a very lady-like manner in resisting so actively.

Are we surprised when men lose respect for us and our ideas, when we compel them to do so by first losing our own dignity?

If the country were governed by women, we should want to go back to some of the men, and surely women who are so highly strung and capable of bringing such notoriety must be much more unfit, both mentally and physically, to direct and control public affairs than a cool-headed man. J. B.

One of the crying needs of the day is suitable provision for the inebriate. For many years the fact has been impressed upon me that the abuse of alcohol is one of the most prominent factors in the causation of insanity, and this view is now quite generally accepted by alienists the world over.

In a study which was made last year of 961 cases of insanity admitted to the Manhattan State Hospital in which a fairly reliable history could be obtained, we found that of all the causes, alcohol, either alone or combined, stood out most prominently. Of 358 men whose insanity was said to be due to physical causes, 145, or over 40 per cent., were due to alcohol alone, while 231, or over 64 per cent., were due to alcohol and other physical causes.

Among the 336 women in whom the exciting cause was physical, 25 per cent. were due to alcohol alone and 33 per cent. were due to alcohol and other physical agents.—Dr. Wm. Mabon in *The Survey*.

Homer Folks, of New York City, recently made the statement before the National Association for the Study and Prevention of Tuberculosis that there are at the present time in the United States 75,000 cases of tuberculosis in advanced stages of the disease, and that every one of these cases ought to be isolated in hospitals, but that there are only 5000 beds in the entire country for these 75,000 cases.—NATIONAL ASSOCIATION FOR THE STUDY AND PREVENTION OF TUBERCULOSIS.

NURSING NEWS AND ANNOUNCEMENTS

NATIONAL

AMERICAN NATIONAL RED CROSS NURSING DEPARTMENT

THE CARE OF THE SICK AND WOUNDED IN TIME OF WAR was primarily the chief object in organizing the Red Cross, and the necessity of securing volunteer nurses was clearly indicated in three of the six original articles of agreement by the following paragraphs:

ARTICLE IV.—"To train and instruct volunteer nurses."

ARTICLE V.—"In particular they shall organize and place volunteer nurses on an active footing."

ARTICLE VI.—"On the demand or with the concurrence of the military authority the committee shall send volunteer nurses to the field of battle."

No effort was made in this country to establish an adequate nursing personnel until after the reorganization of the Red Cross in 1905, when several states through special committees undertook the enrollment of nurses for service under the American Red Cross, but there was no concerted action, nor were there uniform requirements.

With the growth of the American Red Cross and the extension of its activities into various new fields, notably in connection with emergency relief, tuberculosis work, and first aid instruction, the need of nurses even in time of peace was clearly demonstrated.

During the last few years there has developed in America the largest organization of trained nurses to be found in the world, and the Red Cross, quick to realize the advantages of co-operation with this representative body of women, requested the affiliation of the Nurses' Associated Alumnæ of the United States with its own society, and submitted to them at their annual meeting in 1909 the following resolutions of the War Relief Board of the American Red Cross, providing for a sub-committee on nursing service:

Resolved, "That the sub-committee on Red Cross nursing service shall consist of a chairman and fourteen other members, five to constitute a quorum. The chairman and five members to be members of the War Relief Board, to be appointed by the chairman of the Board; six members to be appointed by the chairman of the Board from a list of trained nurses submitted by the Nurses' Federation, and three persons to be appointed by the chairman on recommendation of the Board."

The chairman and two other members of the committee to be selected from trained nurses, members of the War Relief Board. Of the three other members one should be a surgeon of the army, one a surgeon of the navy, and the third some other member of the War Relief Board. This will give a membership of nine trained nurses on a committee of fifteen.

This affiliation was agreed upon by the Nurses' Associated Alumnæ and after the annual meeting of the Red Cross in December, 1909, a National Committee on Red Cross Nursing Service was appointed by the War Relief Board in accordance with the above resolution.

OUTLINE OF PLAN FOR THE ENROLLMENT OF NURSES ADOPTED BY THE NATIONAL COMMITTEE ON RED CROSS NURSING SERVICE

DUTIES OF NATIONAL COMMITTEE.—To organize the nursing service of the Red Cross.

To make uniform rules for the enrollment of nurses throughout the country.

To arrange for the establishment of state and local committees on Red Cross nursing service, and to specify the duties of all such committees.

To appoint annually state committees on Red Cross nursing service of not less than five or more than ten nurses who are members of organizations affiliated with the Nurses' Associated Alumnæ of the United States, but where a state nurses' association exists which is affiliated with the Nurses' Associated Alumnæ, appointments must be made from names submitted by the executive committee of such state nurses' associations.

To issue to local committees on Red Cross nursing service the necessary blank forms for application of nurses for enrollment.

To receive and file in the central office of the Red Cross in Washington the application blanks and required credentials of all nurses who have been accepted by local committees for enrollment as Red Cross nurses, and to issue cards of appointment and Red Cross badges to all such accepted applicants.

To appoint, as headquarters, registries for nurses or other offices recommended by local committees as suitable places for filing lists of enrolled nurses.

To keep in the central office of the Red Cross in Washington card catalogues of all state and local committees and of all headquarters for enrolled nurses, with the approximate number of nurses available at each.

To ascertain and keep on file the various sources of volunteer service available, including sisterhoods and members of other orders.

To arrange for courses in home nursing, hygiene, and first aid under the direction of the Red Cross, utilizing as far as possible for this instruction enrolled Red Cross nurses.

To arrange for lectures on the relation of nurses to the Red Cross, and to encourage the presentation of the subject to graduating classes of nurses throughout the country.

To study the nursing service of the Red Cross in other countries, with the object of improving that in America.

In co-operation with the medical departments of the army and navy, to provide instruction for enrolled nurses in the special duties which would be required of them in time of war.

All matters relating to the services of nurses under the Red Cross will be referred to the chairman or secretary of the National Committee on Nursing Service, and in co-operation with such other members of the committee as may be necessary they will be responsible for all assignments of nurses to duty, and when two or more nurses are sent out together one shall be placed in charge or authorized to act as head nurse.

The National Committee on Red Cross Nursing Service shall hold regular semi-annual meetings, one in Washington at the time of the annual meeting of the Red Cross, and the second at the time and place of the annual meeting of the Nurses' Associated Alumnæ.

Special meetings may be held at any time at the call of the chairman. Full reports shall be presented at the semi-annual meetings.

JANE A. DELANO.

TUBERCULOSIS SCHOLARSHIP

THE SCHOLARSHIP OF THREE HUNDRED DOLLARS offered for last year by the Tuberculosis Committee not having been awarded, has been placed in the hands of the Hospital Economics Committee of the Superintendents' Society for the year 1910–1911, to be awarded by them to some student who desires to make a special study of the tuberculosis problem.

Application for this scholarship should be made to the chairman of the committee, Annie W. Goodrich, Bellevue Hospital, East 26th Street, New York City.

ASSOCIATED ALUMNÆ NOTICES

THE Secretary has mailed to all the alumnæ, state, county, and city associations, which are associated or affiliated, a letter of instruction to delegate, a credential card, a copy of recommendations from committee on reorganization and copy of circular containing information regarding rates. If any society fails to receive same, it should notify Miss Deans, enclosing a stamp, and another will be mailed immediately.

Suggestion to delegates and others going to the convention who are residing west of Chicago: We have been requested by the lines in the Western Passenger Association territory to refer you to the regular one-way fares in effect to Chicago, Peoria, and St. Louis, with the understanding that persons can repurchase from those points and take advantage of the reduced fares authorized therefrom.

In order that you may fully understand the situation, we beg to state that the fares to Chicago, Peoria, and St. Louis from a large part of Western Passenger territory are now on the basis of two cents per mile, hence if persons desiring to attend the meeting will purchase tickets to those points and then rebuy at the reduced fares authorized therefrom, they will secure practically the same reduction in the territory of this association as would be accorded by fare and one-third on the basis of the old rates.

Reduction in fare on certificate plan for meeting of Nurses' Alumnæ Association, New York City, May 16–21, 1910: A reduction of a fare and three-fifths, on the certificate plan, has been granted by the Trunk Line Association, Mr. C. L. Hunter, vice-chairman, 147 Liberty Street, New York City.

The Trunk Line territory includes Buffalo, Niagara Falls, Suspension Bridge, Dunkirk and Salamanca, N. Y.; Erie and Pittsburgh, Pa.; Bellaire, Ohio; Wheeling, Parkersburg and Kenova, West Virginia, and points east, except in New England; also

Central Passenger Association: territory west of Buffalo, Pittsburgh, Wheeling, Parkersburg, and Huntington, to and including Chicago and St. Louis and north of the Ohio River, including Cincinnati, Louisville, and Cairo.

MR. C. F. DONALD, Commissioner, Tribune Building, Chicago, Ill.

INSTRUCTIONS WHICH MUST BE FOLLOWED IN ORDER TO GET A RATE OF A FARE AND THREE-FIFTHS

1. Tickets at the regular full one-way first-class fare for the going journey may be secured within three days (exclusive of Sunday) prior to and during the first three days of the meeting. The announced opening date of the meeting is May 16, and the closing date is May 21, consequently you can obtain your going ticket and certificate not earlier than May 12, nor later than May 18. Be sure that, when purchasing your going ticket, you request a certificate. *Do not make the mistake of asking for a receipt.*

2. Present yourself at the railroad station for ticket and certificate at least 30 minutes before departure of train on which you will begin your journey.

3. *Certificates are not kept at all stations.* If you inquire at your home station, you can ascertain whether certificates and through tickets can be obtained to place of meeting. If not obtainable at your home station, the agent will inform you at what station they can be obtained. You can in such case purchase a local ticket thence, and there purchase through ticket and secure certificate to place of meeting.

4. Immediately on your arrival at the meeting, present your certificate to the endorsing officer, Miss Agnes G. Deans, secretary.

5. It has been arranged that the special agent of the Trunk Line Association will be in attendance on May 18 and 19, to validate certificates. *A fee of 25 cents will be charged at the meeting for each certificate validated.*

If you arrive at the meeting and leave for home again prior to the special agent's arrival, or if you arrive at the meeting later than May 19, after the special agent has left, you cannot have your certificate validated, and consequently you will not get the benefit of the reduction on the home journey. *No refund of fare will be made on account of failure to have certificates validated.*

6. So as to prevent disappointment, it must be understood that the reduction on the return journey is not guaranteed, but is contingent on an attendance at the meeting of not less than 100 persons holding regularly issued certificates obtained from ticket agents at starting points, showing payment of regular full one-way first-class fare of not less than 75 cents on going journey.

7. If the necessary minimum of 100 certificates are presented to the special agent, and your certificate is duly validated, you will be entitled up to and including May 25, to a continuous passage ticket by the same route over which you made the going journey, at three-fifths of the regular one-way first-class fare to the point at which your certificate was issued.

Please read carefully and preserve for reference when going to meeting.

MARGARET P. LITTLE, Chairman.
GEORGIA M. NEVINS,
LOUISE PERRIN,
Transportation Committee.

LIST OF RAILROAD LINES OF THE TRUNK LINE ASSOCIATION MAKING THE REDUCTION

Baltimore & Ohio R. R., Baltimore Steam Packet Co., Buffalo & Susquehanna R. R., Buffalo, Rochester & Pittsburgh R. R., Central R. R. of New Jersey, Chesapeake & Ohio R. R., Chesapeake Steamship Co., Cumberland Valley R. R., Delaware & Hudson Co., Delaware, Lackawanna & Western R. R., Erie R. R.,

Fonda, Johnstown & Gloversville R. R., Jamestown, Chautauqua R. R., Lehigh Valley R. R., New York Central & Hudson River R. R., New York, Philadelphia & Norfolk R. R., Norfolk & Washington Steamboat Co., Pennsylvania R. R., Philadelphia & Reading R. R., Pittsburgh, Shawmut & Northern R. R., Western Maryland R. R., West Shore R. R.

AGNES G. DEANS, Secretary,
661 Cass Avenue, Detroit.

CONTRIBUTIONS TO THE JOURNAL PURCHASE FUND TO MARCH 14, 1910

Previously acknowledged	$1719.50
Nebraska State Nurses' Association	50.00
Wesley Hospital Alumnæ Association	25.00
New York Post-Graduate Hospital Alumnæ Association	75.00
Los Angeles County Nurses' Association	100.00
Janet J. Grout	10.00
M. Irene Moyer	10.00
Margaret Wylie	.50
Anonymous	1.00
A. E. Brobson	.50
Louise K. Rudolph	2.00
Wilhelmina Koeckert	1.00
	$1994.50

Methodist Episcopal Hospital Alumnæ Association, Brooklyn, and St. Luke's Alumnæ Association, Chicago, each one share of stock.

ANNA DAVIDS, R.N., Treasurer,
Member of JOURNAL Purchase Fund Committee, 128 Pacific Street,
Brooklyn, N. Y.

IN DISTRIBUTING THE LISTS OF LITERATURE compiled for the Committee on Public Health of the Associated Alumnæ, the committee has included membership blanks for the use of any nurses who wish to join the American Society of Sanitary and Moral Prophylaxis. The secretary of this society informs us that it is not necessary for nurses to be proposed by some member of the society, as appears on these blanks, but that some identification of themselves—hospital position, or other work, or mention of some one who can endorse them if called upon—is all that is necessary. The society welcomes nurses into membership, believing that they may be of great practical usefulness, and as members they will receive the reports and literature published by the society.

L. L. DOCK, R.N.,
Member Public Health Committee.

CHANGES IN THE NAVY NURSE CORPS SINCE JANUARY 1, 1910

APPOINTMENTS: Mary T. O'Connell, January 24, graduate of Brooklyn Hospital Training School, Brooklyn, N. Y., one year head nurse and one year in charge of operating room at same hospital; Louise M. Pitz, February 9, graduate

of Willard Hospital Training School, Chicago, Ill., head nurse in same hospital, late superintendent of Greeley Hospital, Greeley, Colorado.

TRANSFERS: Anna G. Davis, February 2, from the Naval Medical School Hospital, Washington, D. C., to the U. S. Naval Hospital, Brooklyn, N. Y. Margaret D. Murray, February 10, from the Naval Hospital, Annapolis, Md., to the Naval Medical School Hospital, Washington, D. C. Alice M. Annette, February 12, and Martha Hamlin, March 9, from the Naval Medical School Hospital, Washington, D. C., to the Naval Hospital, Annapolis, Md.

ESTHER V. HASSON,
Superintendent Nurse Corps, U. S. N.

NEW HAMPSHIRE

Hanover.—A MEETING was held recently at the nurses' home of the Mary Hitchcock Memorial Hospital, attended by twelve graduates of the training school for nurses, at which an organization was formed to be known as the Mary Hitchcock Memorial Hospital Alumnæ Association. The object of the organization is announced to be the advancement of the educational standard of nursing, the furtherance of the efficient care of the sick, the maintenance of the honor and character of the profession, with the furtherance of cordial relations among the graduates of the school. A constitution and by-laws were adopted, and the following officers elected: president, Mrs. Gray; vice-president, Miss Corning; secretary, Miss Robbins; treasurer, Miss Foster. It was provided that most of the business of the association should be in the hands of an executive committee, composed of the officers and two other members elected from the floor at each annual meeting. There is also a membership committee, to whom application for membership can be made, all nurses holding diplomas from the school being eligible. The first nurse to receive a diploma from this school finished her course of training in 1895, and there are in all eighty-eight graduates, of whom a large majority are registered with the state board, and have therefore the degree R.N.

MASSACHUSETTS

Boston.—SARA E. PARSONS, who has organized and put in splendid working order the Griffin Hospital in Derby, Connecticut, has resigned her position and on March 1 went to the Massachusetts General Hospital as superintendent of nurses, in place of Georgiana J. Sanders, who has resigned. Harriet J. Allyn, of the Massachusetts General Hospital, succeeds Miss Parsons as superintendent of the Griffin Hospital.

THE MASSACHUSETTS GENERAL HOSPITAL ALUMNÆ ASSOCIATION held its monthly meeting on February 23. Miss Anderson, the president, having gone abroad, Helen Claire, first vice-president, presided. The question of establishing a school directory was discussed and a committee appointed to bring in a report at the next meeting. A committee was also appointed to nominate officers for the sick relief association.

MISS MORELY, who has been temporarily filling Miss Drown's place at the Boston City Hospital during the latter's illness, has accepted a position in Minneapolis. Miss Nichols, of the South Department, will fill the position for the present.

THE INSTRUCTIVE DISTRICT NURSING ASSOCIATION held its annual meeting

on the afternoon of February 23. Papers showing the growth and importance of the work were read by Martha H. Stark, district superintendent, Miss F. B. Hinckley, superintendent of the school for nurses, and Miss M. T. Barry, one of the staff nurses, gave a practical account of her work, illustrated by stereopticon views. The district nurses visit the babies that have been cared for by the Floating Hospital, to carry out the work commenced there.

CONNECTICUT

New Haven.—The Connecticut Training School Alumnæ Association held its monthly meeting on March 3, fifteen members being present. May Connor, Elizabeth Bigelow, and Kathryn Quinn were transferred from passive to active membership. Delegates were appointed for the Associated Alumnæ meeting in May: Rose M. Heavren, Margaret Stack, and J. T. Coonan; alternates, Mrs. Lockwood, Jennie Muldahey, Mrs. Burwell. The next meeting will be held on April 7, at which time a nominating committee will be appointed.

NEW YORK

Annie Damer, R.N., president of the Board of Nurse Examiners, on January 25 sent her resignation to the Education Department, in order that it might be acted upon at the next meeting of the Regents and her successor appointed before the time of preparation for the June examinations. Her term of office expired after these examinations, but on account of the pressure of work at the opening of the summer season at Echo Hill Farm, she felt that she could not devote the time needed to the state work.

Anna L. Alline, R.N., inspector of training schools for nurses under the Education Department, has resigned, her resignation to take effect at the end of the school year. The vacancy thus created is to be filled by another nurse inspector.

New York.—Roosevelt Hospital is to have a fine new nurses' home. Plans have been drawn, and work will be started as soon as possible.

The New York City Training School Alumnæ Association has elected the following officers for 1910: president, J. Amanda Silver, R.N.; vice-president, M. E. Fisher; recording secretary, Elizabeth Gregg, R.N.; corresponding secretary, Grace Forman, R.N., 210 West 80th Street, New York City; financial secretary, Helen L. Kerrigan, R.N.; treasurer, Mrs. T. Hines Nason.

Brooklyn.—The Kings County Registered Nurses' Association held its annual meeting in the County Medical Building on February 17. Reports from the different committees were very interesting. Miss Dewey, as president of the Central Red Cross Committee, reported that the nurses individually and at the hospitals and post-offices had sold in Brooklyn 140,645 Christmas stamps ($1406.45). The members congratulated themselves and felt that the Red Cross had brought a new interest to the society. Two new members were added to the list—the German Hospital and the Brooklyn Homœopathic. The following officers were elected: president, M. J. Parry, R.N.; vice-presidents, Susan Crouch, R.N., Lillian C. Waterman, R.N., Mary O'Donell, R.N.; recording secretary, Helen Treganza; corresponding secretary, Mrs. Alberta Ross Henrichsen, R.N., Shore Road and 83d Street, Brooklyn; treasurer, Dorothy McDonald. A committee was appointed to arrange for a social meeting in May. Miss Dennie

gave a cordial invitation from the Brooklyn Alumnæ for the use of its clubhouse by the society.

The Seney Journal, the organ of the alumnæ of the Methodist Episcopal Hospital, completes its first year with its March issue. Minutes of the last four alumnæ meetings are given, also an encouraging account of the endowment fund. The first payment of $5000 has been made to the hospital, and of the second installment, $2147.05 is on hand, with unpaid pledges of $500.

ANNA DAVIDS, R.N., has taken charge of the children's sanatorium at Lakewood, N. J. Her official address as treasurer of the Associated Alumnæ remains unchanged.

Yonkers.—THE SHERMAN MEMORIAL DISPENSARY held its formal opening on February 5, followed by a reception and inspection.

Dansville.—LILLIAN RADCLIFF, class of 1907, Jackson Sanatorium Training School, has been nursing in Paris the past fall and winter. Marion C. Mann, class of 1908, has been appointed superintendent of nurses at the German Hospital, Cleveland, Ohio. Agnes Stark and Caroline Macmillan, class of 1909, have been appointed in charge of wards at Lakeside Hospital, Cleveland.

Rochester.—THE ALLIANCE OF HOSPITAL WORKERS held a meeting on January 21 at the State Hospital, Miss May being hostess. Seven new members were admitted.

THE HOMŒOPATHIC HOSPITAL issues its twentieth annual report, showing that the number of patients treated has increased, that the death-rate is a low one, and that a great deal of the work done is charitable in character. The dispensary and the social service department increase in usefulness. Three visiting nurses are also employed by the hospital. Several bequests have been received during the year. Work will soon be commenced on the new nurses' home, a fine brick building provided for by Mr. Eastman's gift of last year.

Syracuse.—CLARA CUMMINGS AND ELIZABETH MANN, graduates of the Hospital of the Good Shepherd, have completed a course in massage in New York City.

NEW JERSEY

THE NEW JERSEY STATE NURSES' ASSOCIATION will hold its eighth annual meeting in Willard Hall, Bloomfield Avenue, Passaic, on Tuesday, April 5, at 2 P.M.

Newark.—THE ASSOCIATION OF VISITING NURSES OF NEW JERSEY held its annual meeting on March 11 at the Free Public Library.

PENNSYLVANIA

THE PENNSYLVANIA STATE BOARD OF EXAMINERS FOR REGISTRATION OF NURSES, at its recent meetings, has granted registration to 316 additional nurses. The curriculum has been perfected and will be mailed to the different training schools in the very near future. Its adoption by June 1, 1910, will enable graduates after June 1, 1912, to be eligible for examination and registration. The board desires to acquaint the nursing and medical professions and the public with the fact that this board is the only *registration* board *legalized* by the state legislature. The list of those granted registration follows: Butler 3, Danville 7, Erie 3, Harrisburg 5, Lancaster 3, Mont Alto 5, McKees-

port 5, Oil City 3, Philadelphia 86, Pittsburgh 20, Punxsutawney 3, Reading 4, Scranton 8, Sunbury 5, Wilkes Barre 10, Wilkinsburg 4, Washington 3; Maryland 5, New Jersey 13, Ohio 6, New York 7.

THE PENNSYLVANIA STATE BOARD OF EXAMINERS FOR THE REGISTRATION OF NURSES will hold a meeting in the Chamber of Commerce, Keenan Building, Pittsburgh, on April 21. There will be afternoon and evening sessions, both of which are open to all interested. The afternoon session will be utilized especially by the nurses, while the evening session will be given over principally to members of the medical profession and others interested in educational matters.

The object of this meeting is to bring before the nursing and medical professions the future work of this Board, and to hear discussions upon all such questions as will be of vital import in the rules to be established by the Board in its dealings with nurses and nursing questions. Many prominent speakers have been secured but this must not deter any persons present from speaking upon any subject that may interest them.

Philadelphia.—THE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA NURSES' ALUMNÆ ASSOCIATION on March 7 had the pleasure of having Jane A. Delano as its guest at its monthly meeting. Many were present who were student nurses in the school when Miss Delano was assistant superintendent some time ago, and an enjoyable time was had. In the evening a reception was given at the club-house, at which Miss Delano gave a talk about the work of the army nurse corps which was very interesting to the large number present. It is hoped that Miss Delano may soon be a guest of the association again. Refreshments and a social hour completed a most helpful evening.

Scranton.—THE STATE HOSPITAL ALUMNÆ ASSOCIATION held its regular monthly meeting at the hospital on March 10, Mrs. Coppinger presiding. Ten members were present. In the absence of the treasurer, Miss Tighe was appointed treasurer pro tem. Thirty-six dollars were received. One new member was added. A letter from the Graduate Nurses' Association was read, and it was voted that a report of the monthly meeting be sent to the *Bulletin*.

DISTRICT OF COLUMBIA

THE NURSES' EXAMINING BOARD OF THE DISTRICT OF COLUMBIA will hold examination of applicants for registration May 4 and 5. Apply to the secretary for particulars.

KATHERINE DOUGLAS, Secretary,
320 East Capitol Street.

THE TUBERCULOSIS HOSPITAL service is made more desirable for graduate nurses in the wards by the recent increase in salary voted for them by Congress.

THE DISTRICT OF COLUMBIA RED CROSS SOCIETY EXECUTIVE COMMITTEE held a meeting on March 8 at which plans were perfected to open the Red Cross day camp on April 1. Arnold Hague, president of the local Red Cross, will supervise the camp.

Washington.—MARY PROSSER, R.N., a graduate of the Garfield Memorial Hospital, has been appointed head nurse at the Home for Incurables.

MISS SEELY, a graduate of Children's and Columbia Hospitals, has been appointed to succeed Miss Jennings as superintendent of the Children's Hospital, and assumed her duties February 1.

THE GRADUATE NURSES' ASSOCIATION at an adjourned meeting held on March 15 elected Miss M. E. P. Davis an honorary member. A reception to the two honorary members, Miss Delano and Miss Davis, followed the meeting.

MARYLAND

THE MARYLAND STATE ASSOCIATION OF GRADUATE NURSES held its seventh annual meeting in the hall of the Medical and Chirurgical Library, on February 10 and 11, 1910.

In the absence of the president, Mary C. Packard, president of the Maryland State Board of Examiners of Nurses, presided at the business session which was held on the first day. The reports of the various committees were read. The report of the Credential Committee showed that 37 new members had joined the association during the year, making a total of 304 active members. The report of the Maryland State Board of Examiners of Nurses showed that 81 nurses had received their R.N. during the year, making a total of 849 registered nurses in Maryland. The Committee on the Revision of the Constitution in its report pointed out some needed changes in the Constitution and By-Laws, and these will be acted on at the spring meeting. Dr. Edward O. Janney gave an interesting talk in regard to the suppression of the white slave traffic, and told something of the bill now before the legislature, which bill the association most earnestly endorsed. Dr. Mary Sherwood told the association something of the work of The National Association for the Study and Prevention of Infant Mortality, and asked that the nurses do all in their power to aid this association during its constructive period. After the appointing of a Committee on Resolutions, the meeting adjourned until the following day.

The second session opened on Friday, February 11, at 3 P.M. Mary E. Lent, head nurse of the Instructive Visiting Nurses' Association, presiding.

Jane A. Delano, president of the Associated Alumnæ of the United States, gave a most instructive and interesting talk on the "Reorganization of the Red Cross Work." Harriet Bailey, Johns Hopkins Alumnæ, read an interesting paper on the "Responsibility of the Nurse in the Treatment of Disease by Diet." Dr. Nathan R. Gorter told something of the Pure Food Bill, now before the legislature, which was heartily endorsed by the association. Mrs. William M. Ellicott, president of the Equal Suffrage League, in her most charming manner presented the subject of Municipal Franchise for Women in Baltimore, and won many advocates to the cause, insomuch that the association by a large majority endorsed the bill before the legislature.

After the officers for the coming year were announced, the meeting adjourned. President, Georgina C. Ross; vice-presidents, Marie A. Gorter, Sara Ward; secretary, Sarah F. Martin; treasurer, Sara R. Blandford; members of board for two years: Nannie J. Lackland, Mary Cloud Bean, Elizabeth G. Price.

SARAH F. MARTIN, R.N., Secretary.

Baltimore.—THE CENTRAL DIRECTORY was opened on February 1, with Eliza McLean, a graduate of the Massachusetts General Hospital, as registrar.

GEORGINA ROSS has been obliged to give up her work in Johns Hopkins Hospital. Her many friends will be sorry to learn this. She is now resting and receiving care and treatment in a sanitarium where she may remain for some little time. Her connection with the hospital and training school has been a long one, covering a period of about eighteen years, in which she has rendered

highly efficient and most devoted service. It is a matter of deep regret to all that she is unable to continue her work, but it is hoped that rest and change will ultimately enable her to resume it. Elsie M. Lawler, for many years assistant superintendent in the school, and lately superintendent of nursing in the Tuberculosis Sanitarium in Pittsburgh, has been appointed acting superintendent.

WEST VIRGINIA

THE BOARD OF EXAMINERS has three times during the past winter received letters from those intending to start training schools for nurses asking official intelligence as to how best to start, what the Board thinks the wisest selection of studies, etc. This seems to the officers a hopeful sign.

OHIO

Cleveland.—THE CLEVELAND TRAINING SCHOOL ALUMNÆ ASSOCIATION was entertained in January at the home of Mrs. Koubler. The February meeting was held at Huron Road Hospital, and after the business session the members were entertained by Miss Hogle and Miss Irving, superintendent and principal. The March meeting was held at Canfield-White Hospital, a social hour following the programme.

Cincinnati.—THE JEWISH HOSPITAL ALUMNÆ ASSOCIATION held its regular meeting February 4, a large number being present, and the secretary presiding. As the directors had refused an endowed bed in the Jewish Hospital, it was decided by ballot to use the money collected for that purpose for a nurses' sick benefit fund. Other business of interest was also transacted. It was decided to subscribe ten dollars annually toward the Visiting Nurse Association of the city. A talk on the aim and object of this association was given by its superintendent, Miss A. Roberts. Miss B. Fielding read an instructive paper on "The Care a Nurse Should Take of Herself."

MICHIGAN

THE MICHIGAN STATE NURSES' ASSOCIATION will hold its sixth annual meeting in Port Huron, June 28, 29, and 30.

Ann Arbor.—THE ALUMNÆ ASSOCIATION of the University of Michigan Training School for Nurses called a meeting February 25 of all graduate nurses in the city, for the purpose of reforming the Washtenaw County Graduate Nurses' Association and to talk over plans for a club and registry. Agnes G. Deans, of Detroit, was present and gave many helpful suggestions. It was decided to call a meeting March 11, to elect officers. At this meeting the following officers were elected: president, Fantine Pemberton; vice-president, Mrs. Chas. George; secretary, A. I. Amaden; treasurer, Marion Parks; directors, Mrs. Anna Whitely, Julia Stahl, and Antoinette Light.

WISCONSIN

THE WISCONSIN ASSOCIATION OF GRADUATE NURSES has become an incorporate body, and the first official meeting was held on February 9, at the Children's Free Hospital, Milwaukee. A large number of nurses have applied

for membership. The dues include the subscription to the AMERICAN JOURNAL OF NURSING, which is made its official organ.

Wauwatosa.—HELEN W. KELLY, superintendent of nurses at the Milwaukee County Hospital, has gone south for three months. During her absence her place will be filled by Carrie Baker.

MINNESOTA

Brainerd.—LAURA WHITTAKER AND M. STRANGWAYS have resigned their positions as superintendent of nurses and assistant at the Northern Pacific Hospital and will locate on a fruit farm at Prosser, Washington. They left the hospital on March 1. They will be succeeded by Maude Manning and Eleanor Rose, both graduates of the hospital.

INDIANA

THE INDIANA STATE BOARD OF NURSE EXAMINERS has changed the date of the spring examination to the first Wednesday and Thursday in May, instead of the third Wednesday and Thursday. This is done on account of the annual meeting of the Associated Alumnæ, which will be held in New York the third week in May. All applications for the examination should be in by April 15.

EDNA HUMPHREY, Secretary.
Crawfordsville.

THE INDIANA STATE NURSES' ASSOCIATION will hold its seventh semi-annual convention on April 20–22 at Terre Haute. The first day will be occupied by the State Society of Superintendents of Training Schools for Nurses. On the second day it is hoped there will be an address by the assistant editor of the AMERICAN JOURNAL OF NURSING, Katharine DeWitt, of Rochester, N. Y.

ILLINOIS

Chicago.—THE ILLINOIS TRAINING SCHOOL ALUMNÆ ASSOCIATION at its February meeting had three papers on obstetrics. Eleanor Reed, class of 1907, has resigned her position as assistant in the Contagious Hospital to become superintendent of the Monroe Street Hospital. Laura Welch, 1907, succeeds Miss Reed. Elsie Schlund of the same class has become assistant night superintendent in the County Hospital. Margaret Kuehl, class of 1909, has become superintendent of nurses at the Multnomah Hospital, Portland, Oregon. Elizabeth Jackson of the same class is engaged in private nursing in Portland. On February 11 the graduate head nurses of the Illinois Training School were the guests of the faculty. The school has recently purchased the property at the corner of Honore and Congress Streets and hopes sometime to build further additions to the home.

ST. LUKE'S ALUMNÆ ASSOCIATION held its monthly meeting on March 15. An address on social hygiene was given by Dr. Rachel Yarros. At the February meeting an address on the Emmanuel Movement was given by Rev. Herman Page. Jessie Keys, class of 1895, has been appointed to take charge of and organize the visiting nurse work in Dubuque, Iowa.

THE SOUTH SIDE NURSES' ASSOCIATION is giving a course of lectures at Mercy Hospital to which all nurses are invited. On May 7, at 8 P.M., Miss Julia Lathrop will speak on "Present-Day Opportunities of the Nurse."

Peoria.—MARY BATEMAN, a graduate of the John C. Proctor Hospital, has completed her course in executive work at Bellevue and Allied Hospitals and will do private nursing in this city.

NEBRASKA

Omaha.—THE OMAHA SOCIETY OF SUPERINTENDENTS OF TRAINING SCHOOLS FOR NURSES held its monthly meeting on March 4 with Mrs. A. G. Pinkerton. Letters were read and topics of general interest discussed. Music and refreshments concluded an enjoyable evening.

COLORADO

THE COLORADO STATE BOARD OF NURSE EXAMINERS will meet to examine applicants for registration on April 27, at the State Capitol, Denver. For further information apply to

MARY B. EYRE, R.N.,
1942 Pennsylvania Street, Denver.

Boulder.—THE UNIVERSITY OF COLORADO TRAINING SCHOOL held graduating exercises in the chapel of the university on the evening of March 3. President James H. Baker presented the diplomas to the five graduates.

WASHINGTON

THE KING COUNTY GRADUATE NURSES' ASSOCIATION held its regular meeting at the registry March 7, twenty-four members being present. In the absence of both the president and vice-president, the meeting was called to order by the secretary, who called Mrs. A. C. Green to the chair. Mrs. Green was appointed chairman, *pro tem.* Minutes of the previous meeting read and approved. Report of the registry read and ordered placed on file. Mrs. A. W. Hawley gave the report of the Seattle Federation of Woman's Clubs for the months of January and February. The report of the committee on the nurses' tuberculosis cottage was given by Mrs. B. Davies. Mrs. E. C. Murray, treasurer for the Cottage Fund, reported the cottage paid for and a balance of $103.50 on hand, with others still to be heard from. A general discussion followed as to what should be done with the money. Mrs. Hickey moved, seconded by Mrs. Davies, that the money be used as a fund for sick nurses. Mrs. E. C. Murray suggested that the money be turned over to the state association to be used as they thought fit. Mrs. A. W. Hawley moved, seconded by Miss J. Brown, that the secretary be instructed to write the secretary of the state association, suggesting that she write the secretary of each county association, asking for suggestions for the disposal of the money. Motion carried. The amendment to Article III, By-Laws, was read, and on motion of Mrs. Hickey, seconded by Miss Durkin, was laid on the table. Moved by Miss Durkin, seconded by Mrs. Hickey, a committee of five be elected from the floor for the purpose of amending the Constitution and By-Laws. Motion carried. The committee as selected comprises Mrs. E. C. Murray, Mrs. A. W. Hawley, Mrs. E. M. Hickey, L. Limerick, I. Bonen. Miss MacMillan resigned from the committee on club-house and Miss Durkin was elected to fill the vacancy. Dr. Lillian C. Irwin gave an interesting lecture on "The Cause and Prevention of Ordinary Colds."

CANADA

Toronto.—THE BOARD OF TRUSTEES OF THE TORONTO GENERAL HOSPITAL carried unanimously, on December 1, the following resolution, That this Board of Trustees on the occasion of the retirement of Miss Mary Agnes Snively, after twenty-five years of faithful and honorable service as superintendent of the training school for nurses in connection with the hospital, desires to place upon record its deep appreciation of the highly satisfactory manner in which she has discharged the duties of the position, to testify to the rare quality of the service rendered, and to the ability, zeal, earnestness and devotion which have marked her administration and conferred distinction upon both the hospital and the training school, and to convey to her the assurance of the esteem and respect in which she has been held by all the members of the Board.

MR. JOHN C. EATON has donated two hundred and fifty thousand dollars to the new Toronto General Hospital. The proposed new hospital will probably cost in the neighborhood of one million, five hundred thousand dollars, consequently this added sum is valued very highly. The Provincial Government has appointed Mr. John C. Eaton as a member of the Board of Trustees of the Toronto General Hospital. Mr. Eaton succeeds Dr. J. O. Orr, who resigned to cause the vacancy.

IN THE DEATH of the late lamented Mr. Charles Cockshutt, the Toronto General Hospital Training School for Nurses lost one of its best friends and supporters. Mr. Cockshutt, among many other kindnesses to the training school, founded a yearly scholarship of fifty dollars, known as the "C. C. Scholarship." Jean Browne, a recent graduate, has been appointed head nurse of the Out-Door Department of the hospital. Miss Snively was recently the guest of Miss Palmer in Rochester.

Strathroy.—BY THE WILL of the late Mrs. Alice Inch ten thousand dollars was left for the erection of a hospital in this city. Strathroy up to the present time has no hospital.

BIRTHS

ON February 18, a daughter, Virginia, to Mr. and Mrs. Herbert L. Reese. Mrs. Reese was Daisy Falk, class of 1905, Hospital of the Good Shepherd, Syracuse.

ON February 13, at the Seattle General Hospital, a daughter to Mr. and Mrs. J. G. Mayo. Mrs. Mayo was Mrs. DeVecman, class of 1898, Seattle General Hospital.

ON February 28, at the Seattle General Hospital, a daughter to Dr. and Mrs. Glen C. Spurgeon. Mrs. Spurgeon was Stella Jones, class of 1908, Seattle General Hospital.

ON October 24, in Trenton, N. J., a son to Mr. and Mrs. Charles Hancock. Mrs. Hancock was Minnie Mumma, class of 1901, University of Pennsylvania Hospital, Philadelphia.

ON February 7, at the Seattle General Hospital, a son to Mr. and Mrs. Harry Leckenby. Mrs. Leckenby was Ruth Niverson, graduate of the Huron Street Hospital, Cleveland.

ON December 23, at Franklin Furnace, New Jersey, a daughter to Mr. and Mrs. D. McCarthy. Mrs. McCarthy was Addie Madden, class of 1903, St. Joseph's Hospital Training School, Paterson, N. J.

MARRIAGES

On February 19, at Pasadena, Cal., Margaret A. Hamilton, class of 1905, Lakeside Hospital, Chicago, to Harry Leo Lowe.

On March 3, Ivah M. Mick, class of 1907, Christ's Hospital, Topeka, to Edwin R. Evans. Mr. and Mrs. Evans will live in Tacoma, Wash.

On January 25, Sarah E. Todd, class of 1906, Illinois Training School, to Ellsworth Richardson. Mr. and Mrs. Richardson will live on Muchakinock Farm, Pella, Iowa.

On July 31, in Philadelphia, Frances Isabel Kelly, class of 1904, Rochester City Hospital, to Asa Williams Whitney. Mr. and Mrs. Whitney reside at 939 Shelby Street, Bristol, Va., Tenn.

DEATHS

Early in December, the infant son of Dr. and Mrs. George McPhedran, of the Canadian Presbyterian Mission, Dhar, India, of meningitis. Mrs. McPhedran was Maud McNish, class of 1901, Toronto General Hospital.

On January 25, at Union Hospital, Lynn, Mass., Margaret McKinnon, of Peasboro, N. B., class of 1909, Cushing Hospital, Boston. Miss McKinnon had been in the best of health since her graduation last June until within a few days of her death. The news will come as a great shock to her many friends.

On February 7, at the home of her sister, Portage, Wisconsin, May Violet Marshall, class of 1907, Monmouth Hospital, Monmouth, Ill. Miss Marshall was a patient sufferer for two years and was gifted with great force of character and true Christian principles. She had devoted her life to helping others. Her death is a cause of great sorrow to her fellow alumnæ.

On March 15, at the Norton Infirmary, Louisville, Ky., Katherine O'Connor, class of 1899, of the Norton Infirmary Training School. Miss O'Connor had been registrar of the nurses' directory since its organization two years ago, and its unusual success is due to her untiring efforts, unselfishness, and consideration for others. She had not been well for many months, but was at her post until March 11. Her death will be a shock to her many friends.

BOOK REVIEWS

IN CHARGE OF

M. E. CAMERON

How Two Hundred Children Live and Learn. By R. R. Reeder, Ph.D., Superintendent of New York Orphan Asylum, Hastings-on-Hudson. New York Charities Publication Committee, 105 East 22nd St., New York. Price $1.25.

In making his report, Dr. Reeder adopts the narrative style and places before his readers a complete picture of the really happy lives that the children under his management live from day to day. The cottage plan in use at Hastings serves to blur the idea of an asylum, and the broad fields and beautiful surroundings which the children enjoy must mitigate the loneliness and feeling of bereavement for the little ones who know this as their only home.

The book, besides being valuable to all engaged in public institution work, might well be read by parents who desire to do their best for their own children. There is very little that Dr. Reeder does not know of the ways for getting the best out of the little ones and of helping them to help themselves.

A Quiz Book of Nursing for Teachers and Students. By Amy Elizabeth Pope, Superintendent Insular School of Nursing, San Juan, Porto Rico; Joint Author of "Practical Nursing" and "Essentials of Dietetics"; and Thirza A. Pope, Supervisor of Visiting Nurses of the New York A. I. C. P. G. P. Putnam's Sons, New York and London. Price $1.75.

The Quiz Book is a compact catechism of the whole range of nursing, including anatomy and physiology, bacteriology, hygiene, and materia medica. It is not intended to supplant the old system of teaching, but to be used for either class or individually for quick review of the subjects already taught. It will be found of immense service to those preparing for examinations, not only in recalling thoroughly the subjects in all their details, but in aiding to form concise and comprehensive answers to questions. To those who have left far behind the dreadful ordeal of examinations, it will appeal strongly also,

being exactly the medium necessary for recalling old uses or instructing in the new. Many nurses find it easy enough to carry in their minds facts which they have learned, and have no difficulty in transmitting to others any matter which has been stated to them, or which they may have read, but they find themselves in difficulty when they come to deal with original situations. They are called to instruct the nurses junior to themselves and are in a measure held responsible for the development of the character of those under them. To any who find this branch of their work irksome, we recommend Chapter XII,—Senior Quizzes,—it may not solve every difficulty, or prove the "open sesame" to all character, but it is certain to be of the utmost use in teaching the junior nurses.

Besides the quizzes, the book includes three chapters on subjects akin to nursing which are contributed by specialists on these several lines. Miss Margaret Bewley gives a chapter on district nursing, explaining its organization and financing, the teaching which is most called for in the class where district nursing is practised, methods of keeping histories and cards, and the stock usually kept in the loan bureau of a district nurses' association. Other special subjects are "Hospital Planning, Construction, and Equipment," by Bertrand E. Taylor, and "Hospital Bookkeeping," by Frederic B. Morlok of the Presbyterian of New York.

OBSTETRIC AND GYNÆCOLOGIC NURSING. By Edward P. Davis, A.M., M.D., Professor of Obstetrics in the Jefferson Medical College, Philadelphia; Obstetrician to the Jefferson Hospital; Obstetrician and Gynæcologist to the Philadelphia Hospital; Consultant to the Preston Retreat. W. B. Saunders Company, Philadelphia and London. Price $1.75.

Dr. Davis has many friends among nurses who will be glad to welcome the third edition of his Obstetric and Gynæcologic Nursing. The book has been already reviewed in these pages.

ANATOMY AND PHYSIOLOGY FOR NURSES. By Le Roy Lewis, M.D., Surgeon to and Lecturer on Anatomy and Physiology for Nurses, at the Lewis Hospital, Bay City, Michigan. W. B. Saunders Company, Philadelphia and London. Price $1.75.

The second edition of Dr. Lewis's book does not depart from the original text of its first appearance enough to call for a further review than the earlier edition received in these pages.

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